IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

| Name: (owner) Danny Norris Property Location: SR# 1457 | New Installation | Septic Tank |
|--|----------------------------|-------------------|
| | | |
| Subdivision Cape Ridge Rt. | Lot # | 6 |
| | | |
| Tax ID# | Lot Size: 28 000 ft | . 2 |
| Basement with Plumbing: Garage: | | |
| Water Supply: Well Public Com | munity | |
| Distance From Well: ft. | | |
| Following is the minimum specifications for sew property. Subject to final approval. | age disposal system on abo | ove captioned |
| Type of system: ▼ Conventional Other | | |
| Size of tank: Septic Tank: 900 gallons | Pump Tank: gallon | s |
| Subsurface No. of exact length of each ditch | width of ft. ditches ft. | depth of 24 in |
| French Drain required: Linear feet | | |
| This permit is subject to revocation if site plans or intended use change. | Date: Nov. | 19 1995 Endy |
| VOID AFTER 5 YEARS | Environmental I | Health Specialist |
| Repair 100' 100' 100' | Area | |

HARNETT COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 9934 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change. |
|--|
| Owner or Authorized Agent Oawny Norri's |
| Name: Telephone # _ 892-4345 |
| Address: P.O. Bx 1524 Dunin N.C. |
| Property Location: SR# 1457 Road Name Spencer Rd. |
| New Installation Repair Septic Tank Nitrification Lines |
| Subdivision Cape Ridge Rd. Lot # 6 |
| Number of Bedrooms Proposed: 3 Lot Size: 28000 5+2 |
| Basement With Plumbing Without Plumbing |
| Water Supply: Well Public |
| Minimum Well Setback: ft. |
| Type of System: Conventional Other |
| Tank Volume: Septic Tank 900 gallons, Pump Chamber gallons |
| Nitrification Field Specifications |
| Number of fields _/ Number of Lines Per Field _3 Length of Lines ユスノルウ |
| Width of Ditches 3 ft. Depth of ditches 24 inches |
| French Drain: Linear feet required Depth of gravel |
| No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett Count Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued. |
| Authorized Agent of Harnett County Health Department |
| Name: |