

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 ☒ New Installation ☒ Septic Tank
 Property Location: SR# HWY 24 ☐ Repairs ☒ Nitrification Line

Subdivision Bridlewood Lot # 18

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: approx 17,000 sq ft.

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other chamber system

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 24-30 in.

French Drain required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

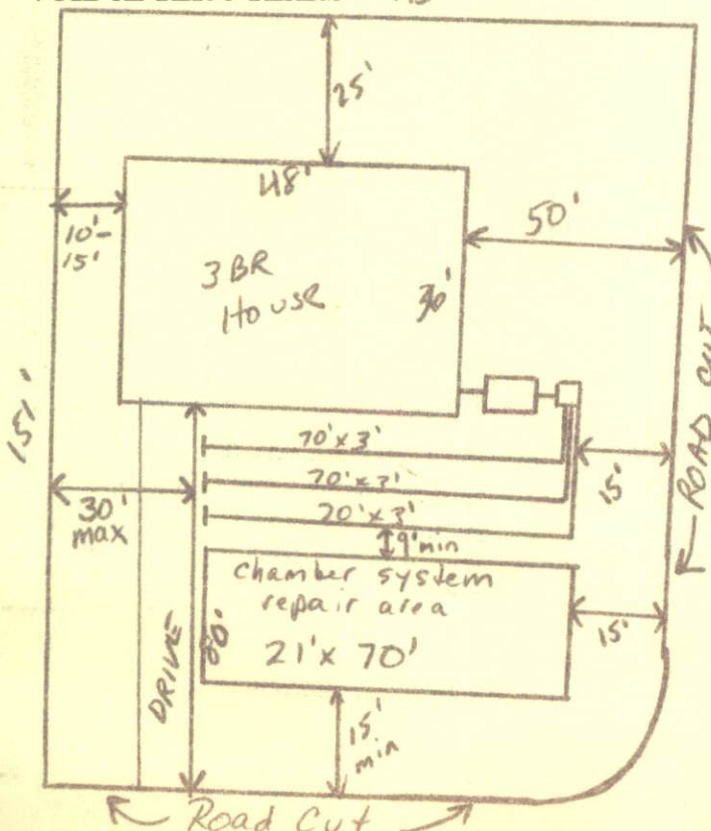
Date: 3/27/96

Signed: Peter A. Burke

Environmental Health Specialist

NOT TO SCALE

VOID AFTER 5 YEARS



- 1) maintain all required setbacks
- 2) Keep ditch bottoms level
- 3) Follow contour as closely as possible with lines.
- 4) Position house and drive to allow 70' of space for installation of drain lines without encroaching on drive.
- 5) Install chamber system in accordance with approval letter governing model of chambers to be used.

H 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 # 09461. 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 _____

Name: Danny Norris Telephone # 892-4345

Address: Box 1524 Durn, NC

Property Location: SR # Hwy 24 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☐

Subdivision Bridlewood Lot # 18

Number of Bedrooms Proposed: 3 Lot size: approx 17,000 sq ft

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: _____ ft.

Type of System: Conventional _____ Other chamber system

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 70'

Width of ditches 3 ft. Depth of ditches 24-30 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 County 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 for Harnett County Health Department

Name: Pete A. Burke Date: 3/22/96