Nº 10448

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) Danz Dom's	New Installation	Septic Tank
	Repairs	
Subdivision Surset Ridge	Lot #	101
Tax ID#	Quadrant #	The state of the s
Number of Bedrooms Proposed:	Lot Size: 103 x 180	
Basement with Plumbing: Garage:		1
Water Supply: Well Public Com	nmunity	
Distance From Well: ft.		
Following is the minimum specifications for sew property. Subject to final approval. Type of system: Conventional Other		ove captioned
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallon	s
Subsurface No. of exact length of each ditch	70 ft. width of ditches 3ft.	depth of ditches 24 in.
French Drain required: Linear feet	7 05 51	1111111
This permit is subject to revocation if site plans or intended use change.	Date: 7-25-96 Signed: 95 W	
VOID AFTER 5 YEARS	Environmental I	Health Specialist
DEIVE LOT 1	10 I 10' I 10 Appin	
Ld ORIVE JOHN 38R	I pair	

HAR! T COUNTY HEALTH DEP TMENT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10448. 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 Danny Nornis Telephone # _ 89 2-4345 Address: Property Location: SR# 1115 Road Name Ba Fals Lake New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision Sunset Ridge Lot# 101 Number of Bedrooms Proposed: ______ Lot Size: ______ /0.7 × 180 Basement ____ With Plumbing ____ Without Plumbing Water Supply: Well Public Minimum Well Setback: 50 Min ft. Type of System: Conventional Other ____ Tank Volume: Septic Tank 1000 gallons, Pump Chamber ____ gallons **Nitrification Field Specifications** Number of fields ____ Number of Lines Per Field ____ Length of Lines _____ Width of Ditches 3 ft. Depth of ditches 3 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 of Harnett County Health Department