

IMPROVEMENT PERMIT

0113379011338

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) Randal G. Morris

New Installation Septic Tank

Property Location: SR# NC 27

Repairs Nitrification Line

Subdivision Morris Meadows Lot # 1 Site A

Tax ID # _____ Quadrant # 9 Site B

Number of Bedrooms Proposed: ~~3~~ 2 (14x70) Lot Size: .66 ac

Basement with Plumbing: Garage: MUR Meet on site 18" MAX

Water Supply: Well Public Community Ditch Dpths Follow my Flays

Distance From Well: 50 ft. MAINTAIN ALL setBACKs

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

Type of system: Conventional Other _____

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

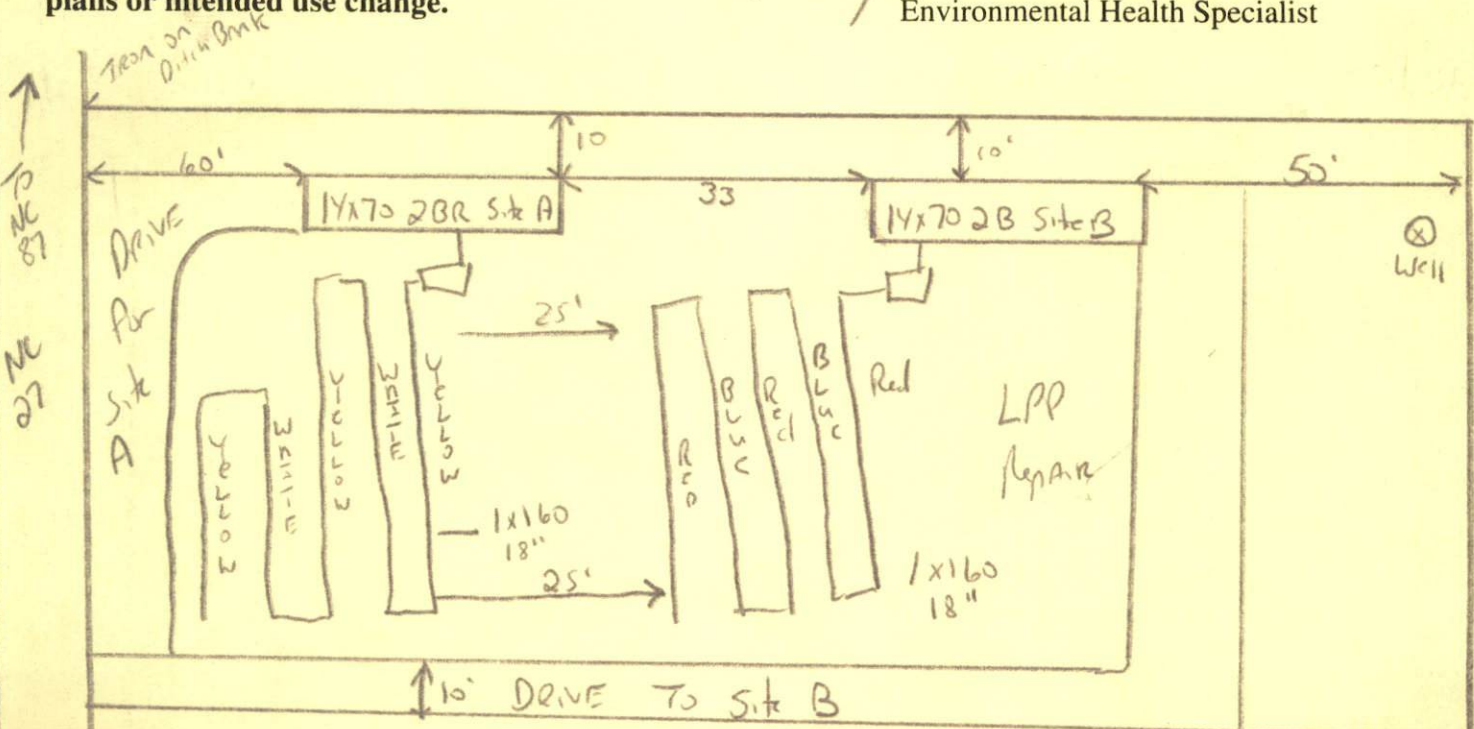
Subsurface Drainage Field No. of ditches 1x2 exact length of each ditch 160(x2) width of ditches 3 depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 7-11-2000

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

Signed: J. L. W. Environmental Health Specialist



Keep systems 20' apart Do not Drive or park on septic system
MAINTAIN ALL setBACKs each home to have 1000 gal tank
And 160 of Drainline.

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17431-A. 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 Randal G. Morris

Name: _____ Telephone # 499-2487

Address: _____

Property Location: SR # NC 27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Moses Meadows Lot # 1 s.k A 95.1 B

Number of Bedrooms Proposed: 2 (14x70) Lot size: .66 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 x 2 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1(x2) Length of lines 160(x2)

Width of ditches 3 ft. Depth of ditches 18 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: [Signature] Date: 7-11-2000