#00-4000463

## HAR T COUNTY HEALTH DEPARTN T

IMPROVEMENT PERMIT

Nº 17134

tion of any building at		m is to be used for dist		o Person shall begin construirst obtaining a written perm
	SANNY NORMIS		New Installati	ion Septic Tank
Property Location:	SR# 1450 Ba	111 Rd	Repairs	Nitrification Lin
Subdivision Hin	Iden Valley			Lot #3
Tax ID #	/		Quadrant #	
Number of Bedroom	ms Proposed:	3ı	ot Size: 1.12	1 Acre
Basement with Plus	mbing:	Garage:	1	
Water Supply:	Well Public	Community		
Distance From Wel	l:ft.			
final approval.				ned property. Subject to
	Conventional			
Size of tank:	•			
Orainage Field	No. of exa	act length each ditch 100	width of ft. ditches ft	depth of ditches 18 in.
French Drain Requi	ired:	Linear feet		
		Date:	5-11-	Health Specialist
l'his permit is sub plans or intended	ject to revocation if si	te Signed:	James ( MA	short and
Julis of Interded	use change.			
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BALL ROAD

# 00-40000403

## HAF IT COUNTY HEALTH DEPART NT AUTHURIZATION TO CONS...UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit #  $\frac{1713 \, \varphi}{}$ . 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 NORRES Telephone # 892- 4245 Address: P.O. BOX 727 DUNN N.C. 28335 Property Location: SR # /450 Road Name BAI New Installation \_\_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines Subdivision Hadden Valley Lot# 3 Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_50 ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank /600 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines \_\_\_\_\_\_ Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_ 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: James C MANhauf 2010S. Date: 5-11-00

(Revised 2/96) CNSTRCT. WPD