

03-5-5324

HARNETT COUNTY HEALTH DEPARTMENT

No 19545

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) JEFFERY NORTON

[X] New Installation [X] Septic Tank

Property Location: SR# 1129 CLARK RD

[] Repairs [X] Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 3.14 AC

Basement with Plumbing: [] Garage: []

Water Supply: [X] Well [] Public [] Community

Distance From Well: 100 ft.

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

Type of system: [X] Conventional [] Other _____

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

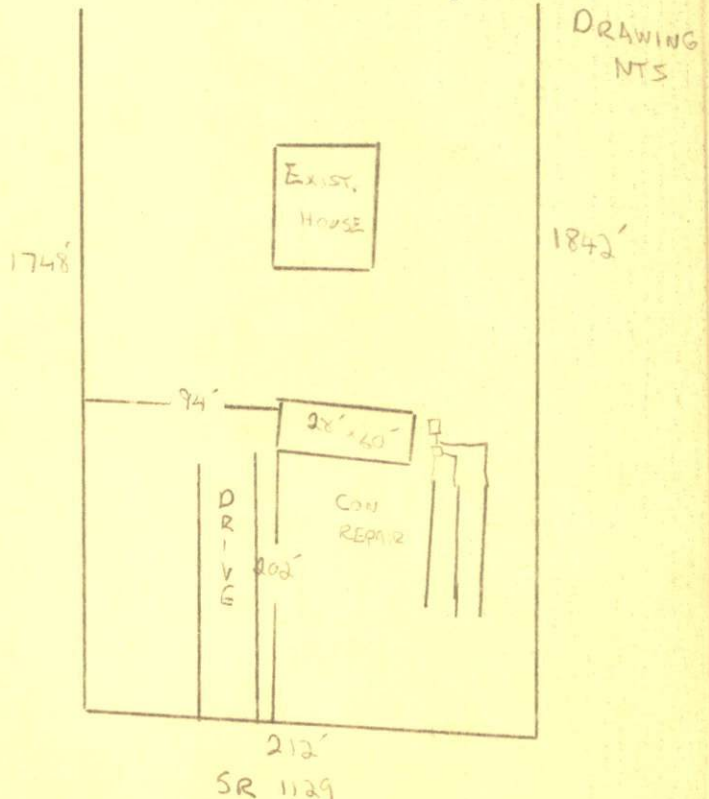
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 31-20 in.

French Drain Required: _____ Linear feet

Date: 8/22/02 Signed: OLIVER TOLKSDORF Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
* START LINES AT 31" DEEP
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 19545. 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.

JEFFERY NORTON _____
Name Telephone #
PO Box 2723 DUNN NC 28354
Address
1129 CLARK RD
Property Location SR# Road Name
Subdivision Lot # 3 # Bedrooms Proposed 3.14 AC Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: Well [] Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 31-20 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.

[Signature] _____ 8/22/02 _____
Signature of Authorized Agent for Harnett County Date