

00-50000871

# 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) Barbara Morgan  New Installation  Septic Tank  
Property Location: SR# 2026 Byrd Mill Rd  Repairs  Nitrification Line

Subdivision Cowan Lot # 2

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: TWO Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  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:  Conventional  Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

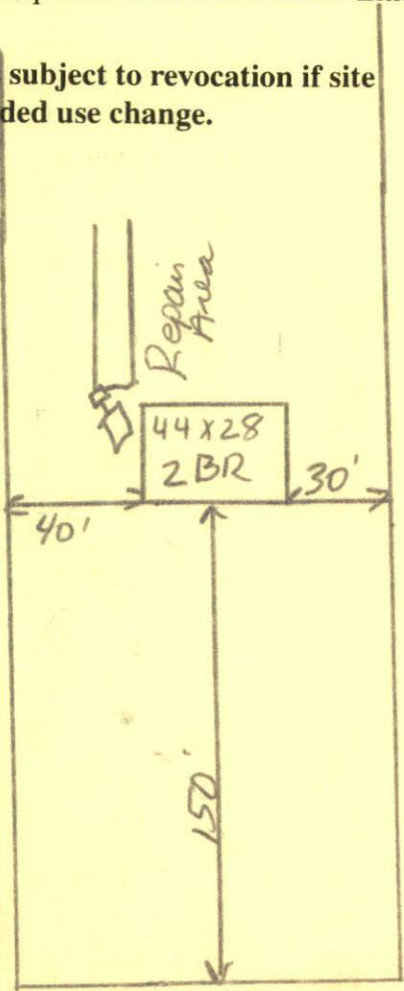
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 30 in.

French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 9 January 2001  
Signed: Vernon B. Long, R.S.  
Environmental Health Specialist

\*maintain setbacks  
\* 100 foot setback for well from any septic system.



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# 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 # 16827. 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: Barbara Morgan Telephone # 897-5941

Address: PO Box 213 Erwin, NC

Property Location: SR # 2026 Road Name Byrd Mill

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Cowan Lot # 2

Number of Bedrooms Proposed: Two Lot size: \_\_\_\_\_

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well  Public \_\_\_\_\_ Minimum Well Setback: 100 ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

### Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 50 feet

Width of ditches 3 ft. Depth of ditches 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: Ernest R. [Signature] Date: 09 Jan 2001