

IMPROVEMENT PERMIT

01-5000/010

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) Ann Christian

New Installation  Septic Tank

Property Location: SR# HWY 421

Repairs  Nitrification Line

Subdivision Norm Christian

Lot #

Tax ID #

Quadrant #

Number of Bedrooms Proposed: 2 (14x80)

Lot Size: 1.0 AC

Basement with Plumbing:

Garage:

STUB out Plumbing shallow

Water Supply:  Well  Public

Community

18" max D+L Ditch

Distance From Well: 60 ft.

Follow contours

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 1 exact length of each ditch 400 ft.

width of ditches 3 ft.

depth of ditches 18" max

French Drain Required: Linear feet

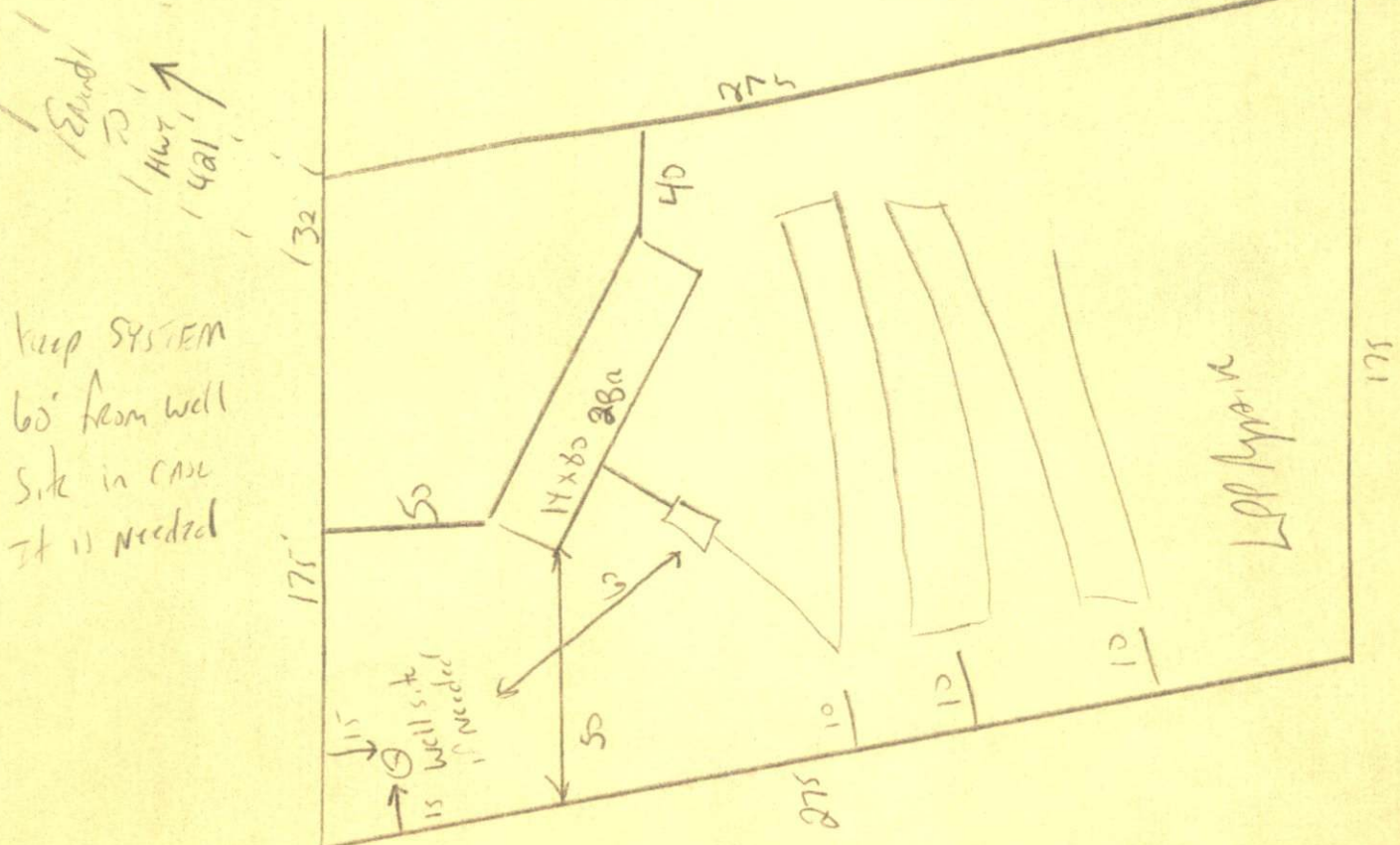
Date: 01-25-01

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

Signed:

[Signature]

Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17040. 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 Ann Christian

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # HW 425 Road Name \_\_\_\_\_

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

Subdivision NORMAN CHRISTIAN Lot # \_\_\_\_\_

Number of Bedrooms Proposed: 2(14x80) Lot size: 1.0 Ac

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

Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_\_ 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 1 Length of lines 400

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: 01-25-01