

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) VICKIE LANCASTER ☒ New Installation ☒ Septic Tank
Property Location: SR# 2027 JOSSIE WILLIAMS RD ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1 ACRE

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 50 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 No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 80 ft. ditches 3 ft. ditches 18 in.

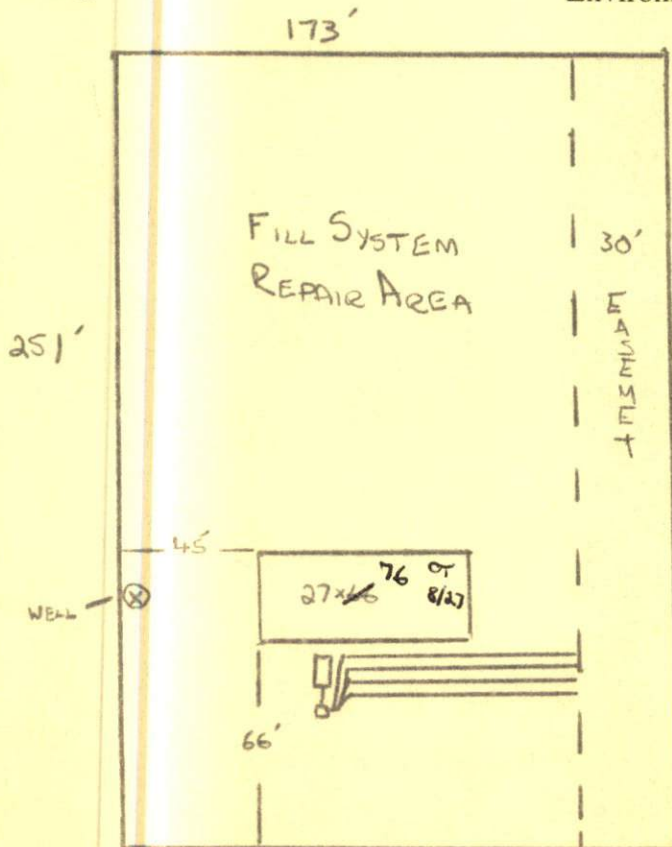
French Drain Required: _____ Linear feet

Date: 6/11/01

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

Signed: [Signature]

Environmental Health Specialist



* MAINTAIN ALL SETBACKS

* IF MIN. WELL SETBACK CANNOT BE MET A PUMP MAY BE REQUIRED

* MEET ON SITE PRIOR TO INSTALLATION

TO JOSSIE WILLIAMS RD
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H/ ETT COUNTY HEALTH DEPA IENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17296. 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 VICKIE LANCASTER

Name: _____ Telephone # 897-3214

Address: 634 JOSSIE WILLIAMS RD

Property Location: SR # 2027 Road Name JOSSIE WILLIAMS RD

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 4 Lot size: 1.00 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 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 80

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: 6/11/01