

# IMPROVEMENT PERMIT

OF 52120

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) JAMES FALLIN SR  New Installation  Septic Tank  
Property Location: SR# NC27  Repairs  Nitrification Line

Subdivision Timberline Estates Lot # 5

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

Number of Bedrooms Proposed: 3 (28x64) Lot Size: 0.636 AC

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

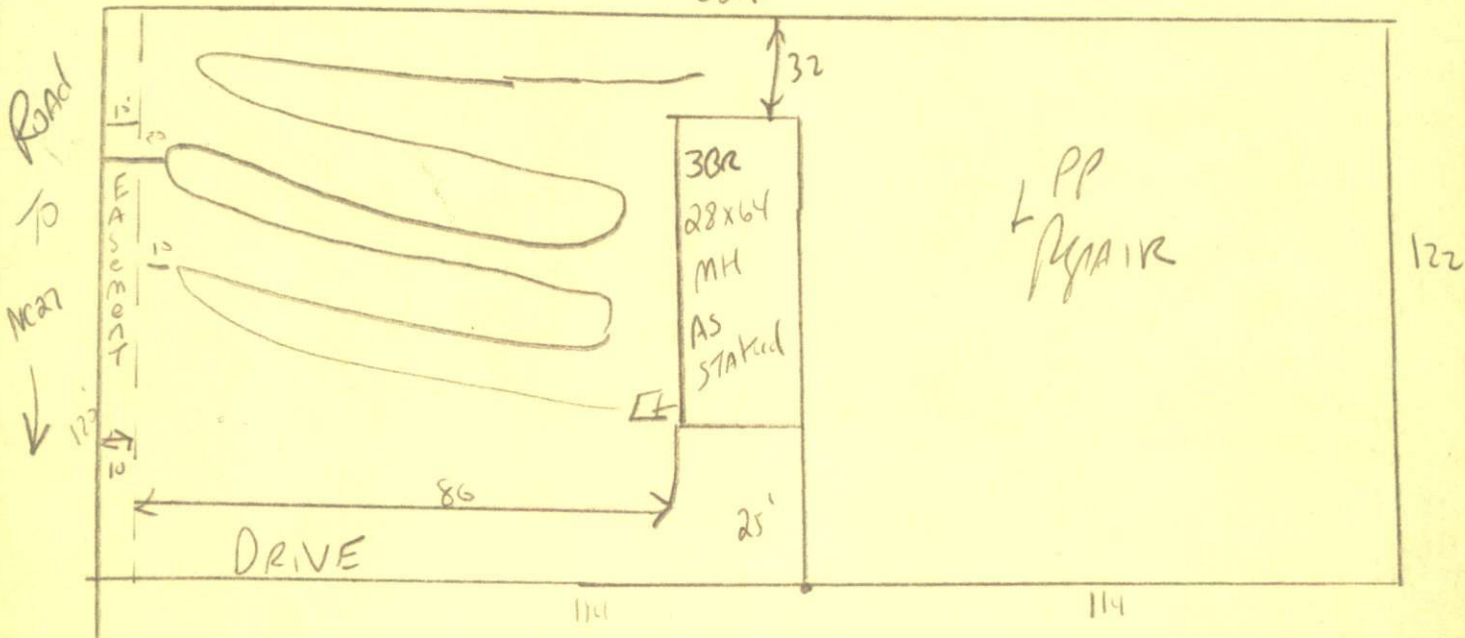
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 18 in. max

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

Date: 7-9-01

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

Signed: [Signature]  
Environmental Health Specialist



STUB OUT Plumbing shallow 18" MAX Ditch  
Depth DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

**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 # 18380. 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 James Fallin Sr

Name: \_\_\_\_\_ Telephone # <sup>919</sup> 258-9815  
892-6205

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

Property Location: SR # NC 27 Road Name \_\_\_\_\_

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

Subdivision Timberline Est. Lot # 5

Number of Bedrooms Proposed: 3628x64 Lot size: .636 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 MAX 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: Joe W. A. R. Date: 7-10-01