

02-5-4075

HARNETT COUNTY HEALTH DEPARTMENT

No 18996

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) PAULINE TAYLOR☒ New Installation ☒ Septic TankProperty Location: SR# 1144 BILL SHAW RD☐ Repairs ☒ Nitrification LineSubdivision ANDERSON EST. SEC. 2Lot # 28+29

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 2Lot Size: .459 ACBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public☐ CommunityDistance 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: 1500 gallons

Pump Tank: _____ gallons

Subsurface
Drainage FieldNo. of
ditches 2exact length
of each ditch 80 ft.

width of

ditches 3 ft.

depth of

ditches 8-20 in.

French Drain Required: _____ Linear feet

Date: 3/19/02

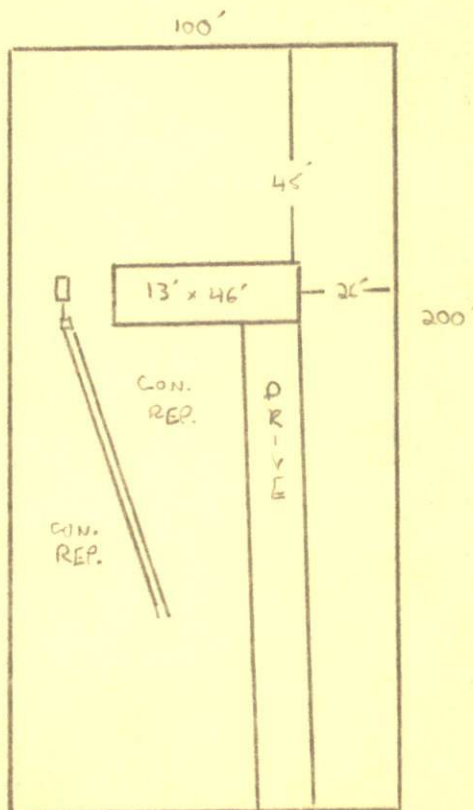
This permit is subject to revocation if site plans or intended use change.

Signed: _____

Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* RUN LINES ON CONTOUR

* CALL W/ ANY QUESTIONS
PRIOR TO INSTALLATION

**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 # 18996. 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.*

PAULINE TAYLOR 910-814-0427
Name Telephone #
183 SPEARMAN LN BUNNLEVEL NC 28323
Address
11244 BILL SHAW RD
Property Location SR# Road Name
ANDERSON ESS. SECT II 28+29 2 .459 AC
Subdivision Lot # # Bedrooms Proposed 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: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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] 3/19/02
Signature of Authorized Agent for Harnett County Date