

02-5-4950

HARNE COUNTY HEALTH DEPARTMENT

No 19517

# 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) RONALD AUTRY  New Installation  Septic Tank  
Property Location: SR# US 401  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

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

Number of Bedrooms Proposed: 3 Lot Size: .91A

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 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

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

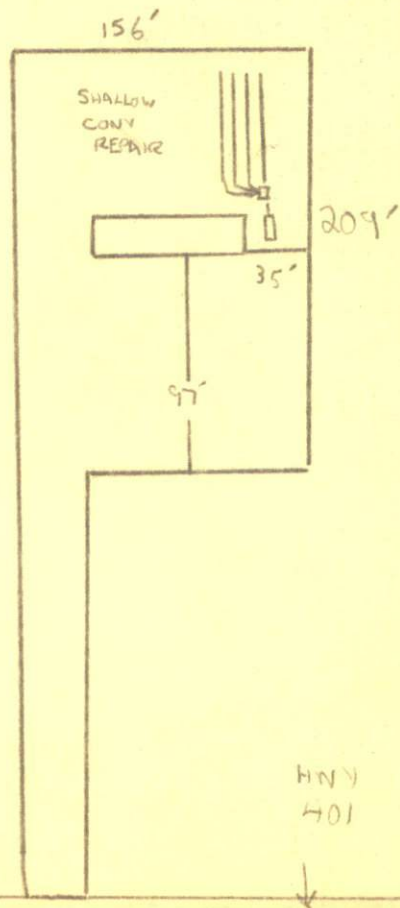
Date: 7/3/02

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

Signed: \_\_\_\_\_

Environmental Health Specialist

\* MAINTAIN ALL SETBACKS  
\* RUN LINES ON CONTOUR



**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 # 19517. 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.*

RONALD AUTRY 893-8116  
Name Telephone #

3655 US 4015 LILLINGTON NC 27546  
Address

05401 \_\_\_\_\_  
Property Location SR# Road Name

\_\_\_\_\_ 3 \_\_\_\_\_ .91A  
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: 100 Ft.  
Septic Tank 1000 gal Pump Chamber \_\_\_\_\_


**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

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.**

  
Signature of Authorized Agent for Harnett County

7/3/02  
Date