

5-5938

# 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) TINA McConquodale

New Installation     Septic Tank

Property Location: SR# 58

Repairs     Nitrification Line

Subdivision Park Island Lot # 3

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

Number of Bedrooms Proposed: 3 Lot Size: 1A

Basement with Plumbing:  Garage:

Water Supply:  Well     Public     Community

Distance From Well: 50 min 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 100 ft.    width of ditches 3 ft.    depth of ditches 12 in. MAX 6 in cover required

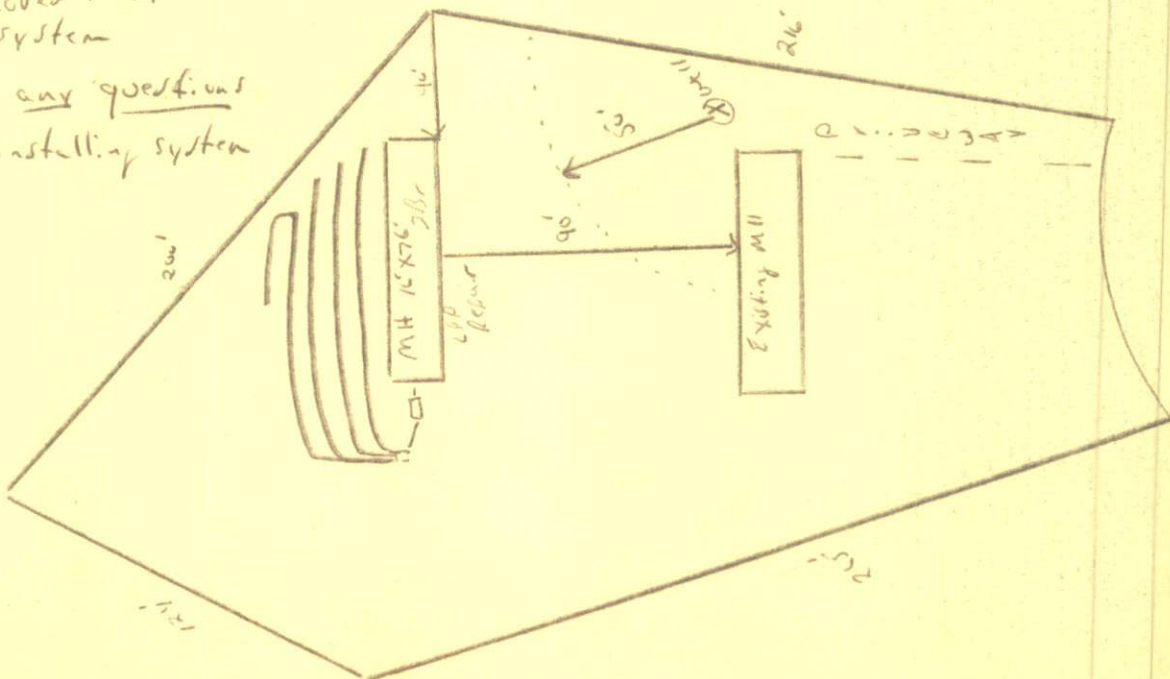
French Drain Required: \_\_\_\_\_ Linear feet

Date: 12/10/2002

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

Signed: Bryan McSwain R.S.  
Environmental Health Specialist

- \* Maintain all setbacks
- \* Run ditches at 12 inches
- \* 6 inches of cover must be placed on system
- \* IF there are any questions call prior to installing system





HA RT COUNTY HEALTH DEPARTMENT  
AUT HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19727. 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.*

Name Tina McCordale Telephone # 897-8237

Address 205 Circle Island Dr. Swan, N.C. 28334

Property Location SR# 58 Road Name \_\_\_\_\_

Subdivision Park Island Lot # 3 # Bedrooms Proposed 3 Lot size 1Ac

**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.  
Septic Tank 1000 gal Pump Chamber \_\_\_\_\_

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12 inches MAX  
6 inches of Cover

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 [Signature] Date 12/10/2002