

HTE 04-5-99092

## IMPROVEMENT PERMIT

20535

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) T. H. McCullough III☒ New Installation☒ Septic TankProperty Location: SR# 1446 Portway Rd☐ Repairs☒ Nitrification LineSubdivision Richard L. JonesLot # 7

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3Lot Size: .64 AcBasement with Plumbing: ☐Garage: ☒Water Supply: ☐ Well☒ Public☐ CommunityDistance 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

No. of

exact length

width of

depth of

Drainage Field

ditches 4of each ditch 75 ft.ditches 3 ft.ditches 18 in. MAX

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

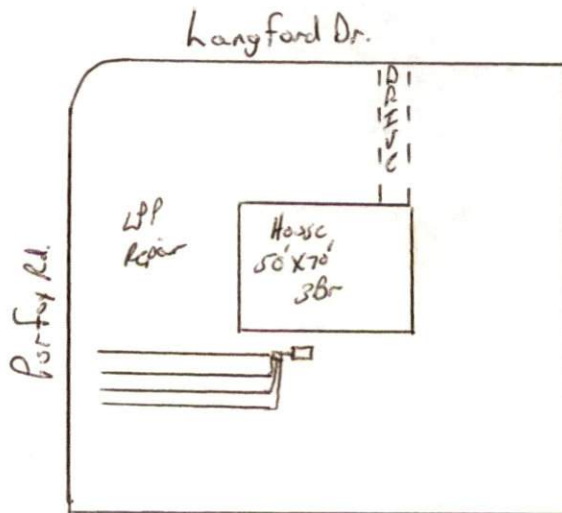
Date: 7/28/2004

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

Signed: Raymond R. S.

Environmental Health Specialist

\* Maintain all setbacks  
\* Run ditches on contour  
\* NO DEEPER than 18 inches



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20535. 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.*

T. H. McCollough III 919-795-0211  
Name Telephone #

165 Woodfield Ct. Fuquay Varina, N.C. 27526  
Address

1446 Perfery  
Property Location SR# Road Name

Richard R. Jones 7 3 .64Ac  
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 Water Supply Minimum Well Setback: 50 Ft.

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

**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 MAX

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.

Bryon McLean R.S.  
Signature of Authorized Agent for Harnett County

7/28/2004  
Date