

# HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-10227R

## IMPROVEMENT PERMIT

21320

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) BARRY & CINDY PATTERSON

☒ New Installation

☒ Septic Tank

Property Location: SR# LAWRENCE RD

☐ Repairs

☒ Nitrification Line

Subdivision BARRY PATTERSON

Lot # 2

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

Number of Bedrooms Proposed: 3 (60 x 40) Lot Size: 1.44 ac

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

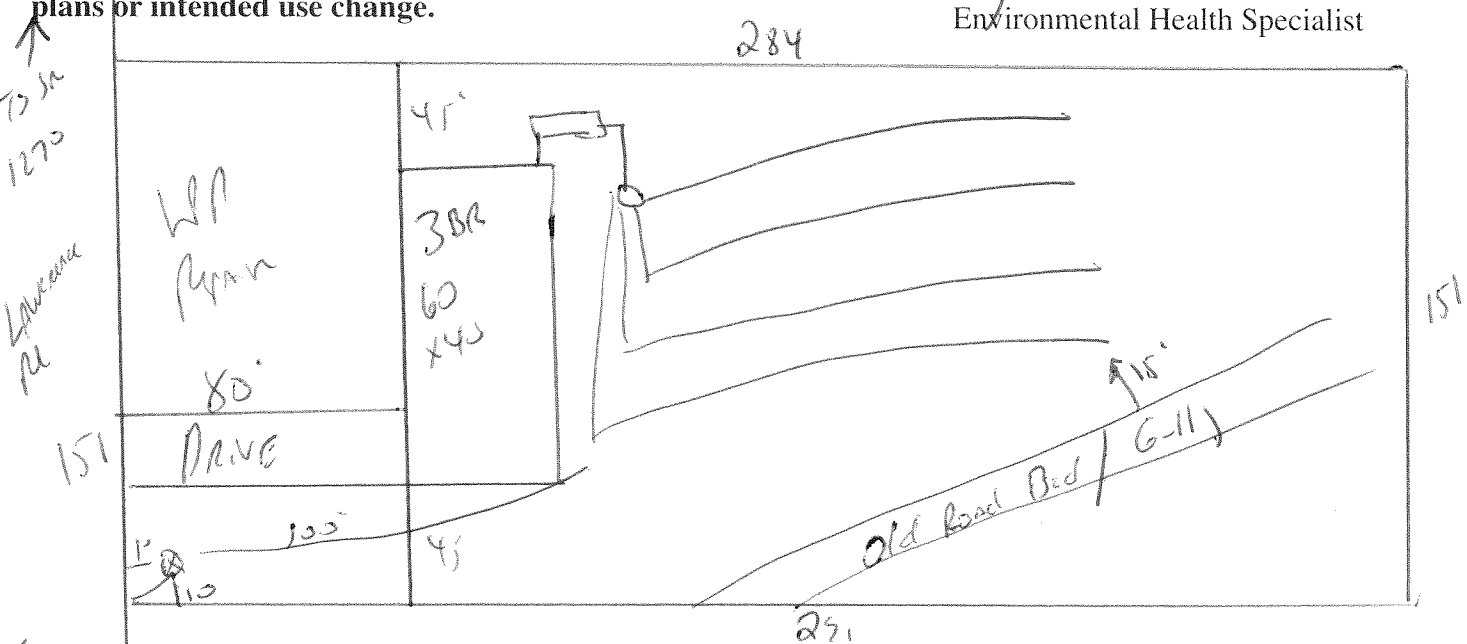
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 09-17-04

Signed: J. W. W.  
Environmental Health Specialist

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



Meet on site MAINTAIN All Set Backs  
STUD OUT Plumbing shallow  
Keep well 100' from septic system

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 # 21320. 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.*

Barry Patterson  
Name

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Lawrence rd  
Property Location SR#

Road Name \_\_\_\_\_

Barry Patterson  
Subdivision

2  
Lot #

3(60x40)  
# Bedrooms Proposed

1.44 ac  
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 \_\_\_\_\_ gal Pump Chamber \_\_\_\_\_ gal

**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 18 in 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.

Joe West RS  
Signature of Authorized Agent for Harnett County

9-17-04  
Date