

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

21637

HTE 05-5-11323

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) STEPHEN AVEN T  New Installation  Septic Tank  
Property Location: SR# 1407 WADE STEPHENSON  Repairs  Nitrification Line

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

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

Number of Bedrooms Proposed: 3 Lot Size: 6.1 acre

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

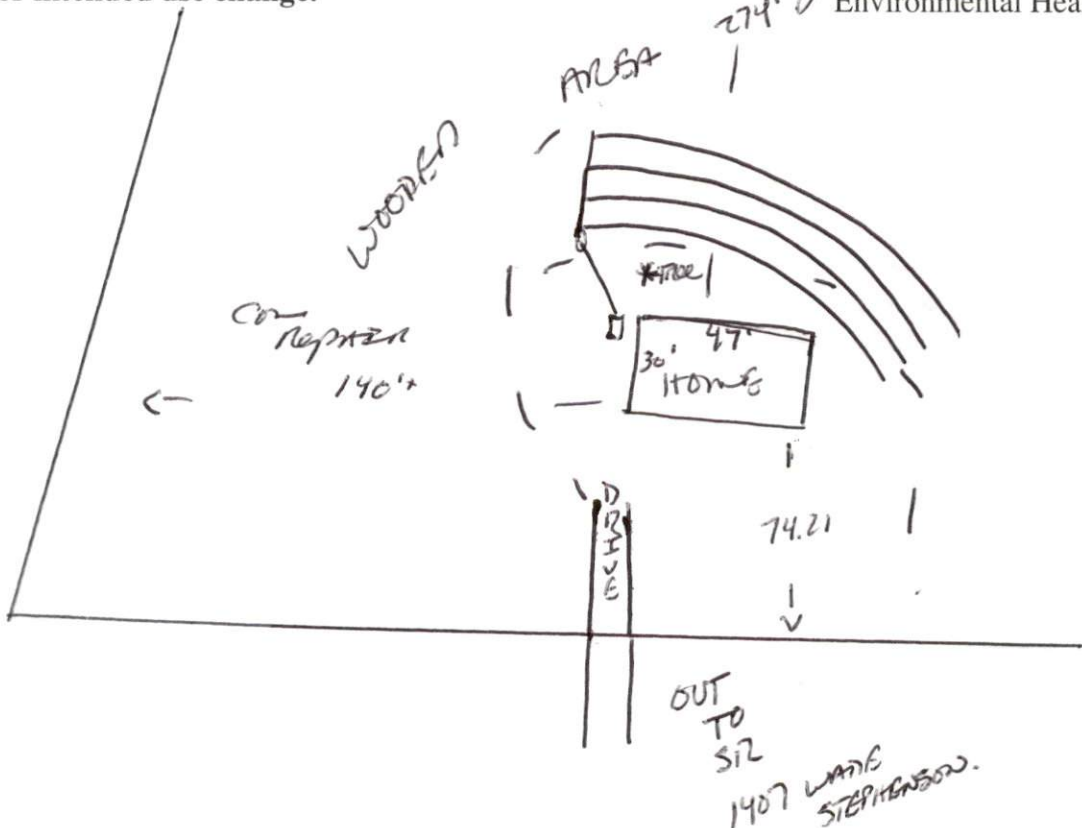
Subsurface No. of exact length width of depth of  
Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 20-18 in.

French Drain Required: - Linear feet

Date: 3-4-05

Signed: James E. Markham  
Environmental Health Specialist

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



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 # 21637. 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.*

STEPHEN AUGENT 919-577-6467  
Name Telephone #

1750 W STEPHENSON RD Holly Spring N.C. 27540  
Address

1407 WADE STEPHENSON  
Property Location SR# Road Name

2A 3 6.1  
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: \_\_\_\_\_ Ft.

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

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 20-21 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.

James E. Markham 3-4-05  
Signature of Authorized Agent for Harnett County Date