

HTE# 06.500 14818

# IMPROVEMENT PERMIT 23009

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) Kent Pirace New Installation  Septic Tank  Repair

Property Location: SR# 1108 Nitrification Line  Expansion

Subdivision Yorkshire Plantation Lot # 175

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

Number of Bedrooms Proposed: 3 (43x58) 360 sq ft Lot Size: .35 AC

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 Drainage Field No. of ditches 1 ft. exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18.24 in.

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

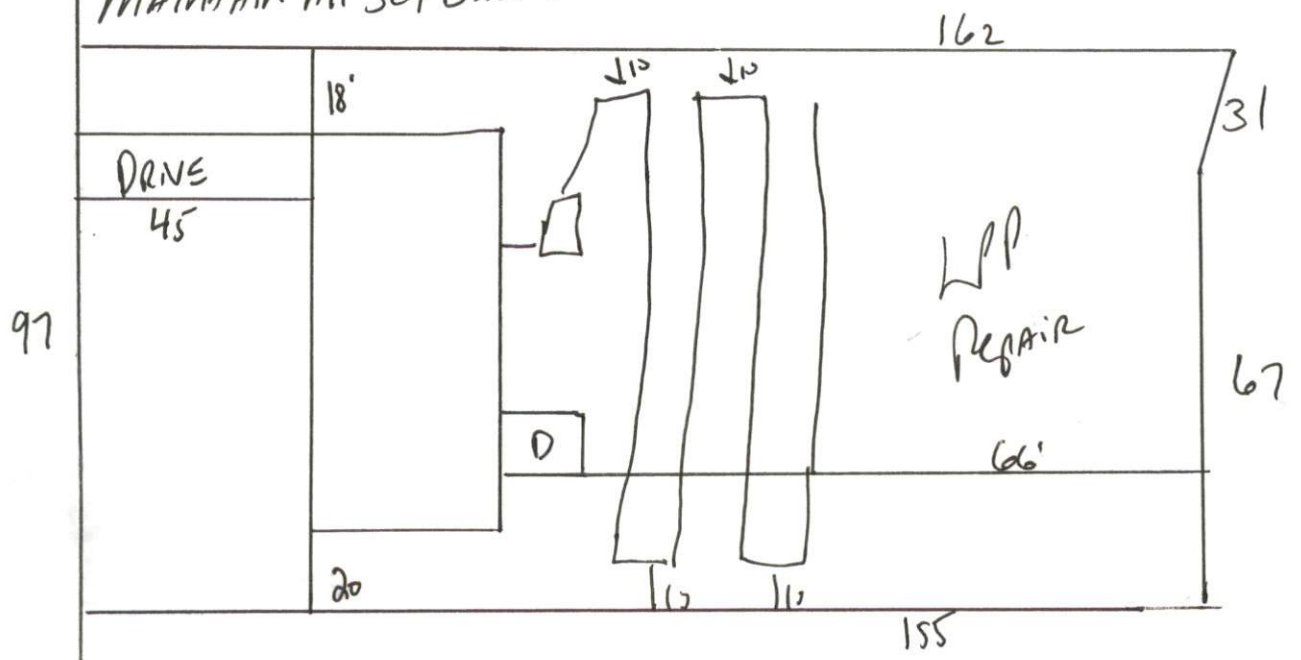
Date: 5-19-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: Ju LTRJ  
Environmental Health Specialist

*STAB out Plumbing shallow  
At Ground level or higher  
MAINTAIN all set Backs*



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 # 23009. 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.*

Kent Pierce  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1108  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Yorkshire Plantation 175 3(43x58) 360 sq ft 35 AC  
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 1 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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 Whit RS  
Signature of Authorized Agent for Harnett County

05-19-06  
Date