

# 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) Anna Morris / Chapman Wilson  New Installation  Septic Tank  
Property Location: SR# 1108  Repairs  Nitrification Line

Subdivision Yorkshire Plantation Lot # 35

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

Number of Bedrooms Proposed: 3 existing Lot Size: 137AC

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 55 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: existing gallons Pump Tank: \_\_\_\_\_ gallons

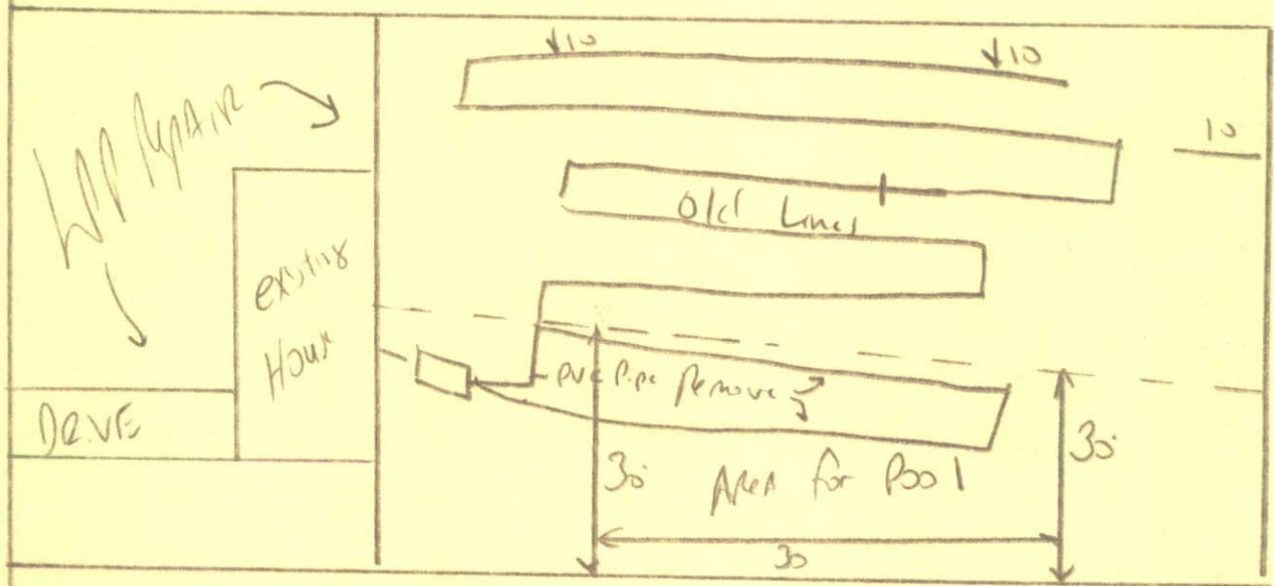
Subsurface Drainage Field No. of 1 exact length 110 width of 3 depth of 18 1/2 in.  
ditches of each ditch ft. ditches ft. ditches in.

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

Date: 10-01-01

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

Signed: Joe Wilson  
Environmental Health Specialist



Meet onsite - Add approx 110' of New Drain Line - for a total of 220 - discontinue use of ~~110~~ 2 Lines (110') so that swimming Pool can go in - keep Pool 15' from Active Drain Lines

HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18545. 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.

Owner or Authorized Agent Chapman Wilson

Name: \_\_\_\_\_ Telephone # 424-4663

Address: \_\_\_\_\_

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

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Yorkshire Lot # 35

Number of Bedrooms Proposed: Existing Lot size: .37 ac

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 1 Length of lines 110

Width of ditches 3 ft. Depth of ditches 182.5 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.

Authorized Agent for Harnett County Health Department  
Name: [Signature] Date: 10-01-01