

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) Michael Parrish ☒ New Installation ☒ Septic Tank
Property Location: SR# 1442 ☐ Repairs ☒ Nitrification Line

Subdivision Michael Parrish Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1 ac

Basement with Plumbing: ☒ no 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 Polystyrene Aggregate Trench System 11WWS-95-3R

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

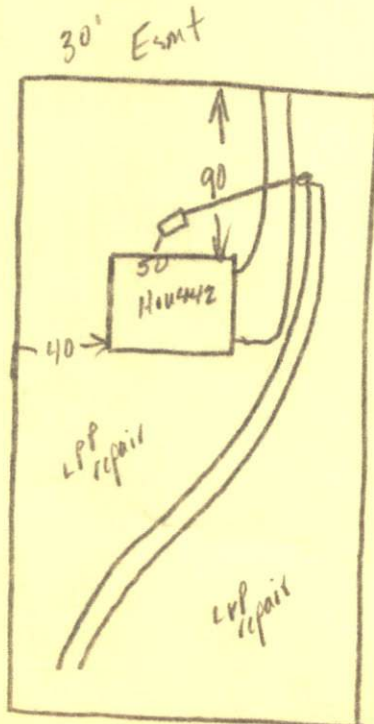
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 200 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

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

Date: 12-6-99

Signed: Thomas J. Bayne R.S.
Environmental Health Specialist



Maintain setbacks
House moved back 10'
Sleeve pipe under drive
with ductile iron
Contractor to meet on site
prior to installing

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16987. 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

Michael Parrish

Name:

Telephone # 592-8765

Address:

801 Parrish Rd Fuquay Varina NC

Property Location: SR #

1442

Road Name

Parrish Rd

New Installation

☒

Repair

Septic Tank

☒

Nitrification Lines

☒

Subdivision

Michael Parrish

Lot #

2

Number of Bedrooms Proposed:

4

Lot size:

1 ac

Basement

☒

With Plumbing

Without Plumbing

Water Supply: Well

☐

Public

☒

Minimum Well Setback:

50 ft.

Type of System: Conventional

☐

Other

Polystyrene Aggregate Trench System
16WS-95-3R

Tank Volume: Septic Tank

1000

gallons

Pump Chamber

gallons

Nitrification Field Specifications

Number of fields

1

Number of Lines per Field

2

Length of lines

200

Width of ditches

3

ft.

Depth of ditches

18

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:

Thomas J. Boya R.S.

Date:

12-6-99