

02-50004068

HARNETT COUNTY HEALTH DEPARTMENT

No 18972

# 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) DALE YOUNG  New Installation  Septic Tank  
Property Location: SR# 1532 LANGOON RD  Repairs  Nitrification Line

Subdivision BARCLAYS PHASE III Lot # 23

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

Number of Bedrooms Proposed: 3 Lot Size: 4.124 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

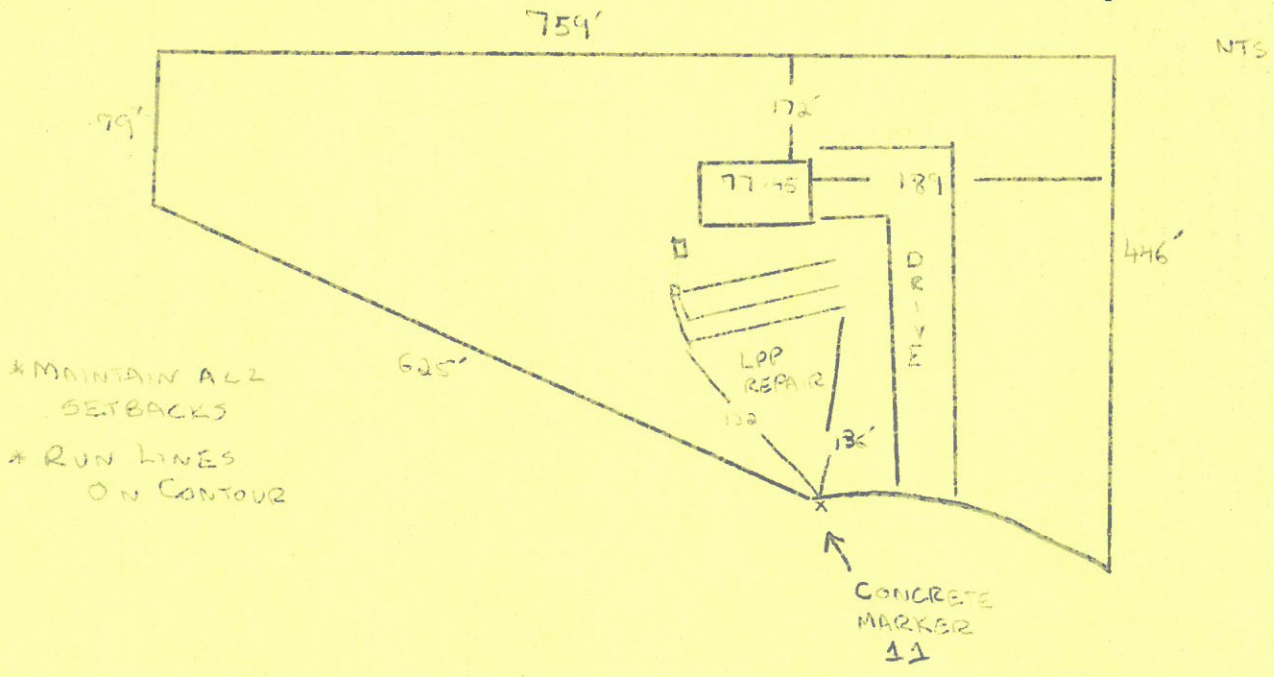
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 22-32 in.

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

Date: 2/27/02

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

Signed: [Signature]  
Environmental Health Specialist



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 # 18972. 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.

DALE YOUNG 919-639-2402  
Name Telephone #  
PO Box 547 ANGER NC 27501  
Address  
SR 1532 LANGDON RD.  
Property Location SR# Road Name  
BARCLAYS 23 3 4.724 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 - Minimum Well Setback: 100 Ft.

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 22-32 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.

[Signature] 2/27/02  
Signature of Authorized Agent for Harnett County Date