

2-5-4270

HARNE COUNTY HEALTH DEPARTMENT

*Ok Mary*  
No 19105

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) BOBBY BYRD  New Installation  Septic Tank  
Property Location: SR# US 421  Repairs  Nitrification Line

Subdivision MYRTLEWOOD Lot # 8

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

Number of Bedrooms Proposed: 4 Lot Size: \_\_\_\_\_

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 exact length of each ditch 250 ft. width of ditches 3 ft. depth of ditches 24-30 in.

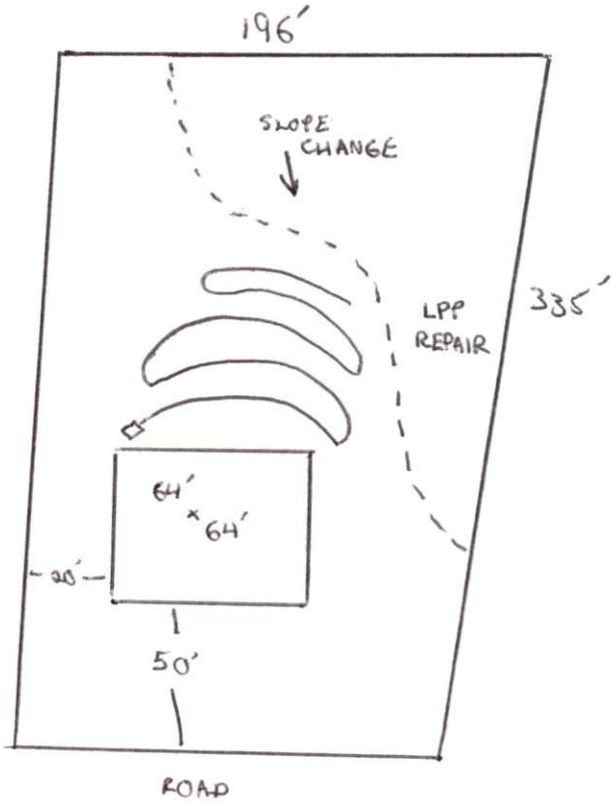
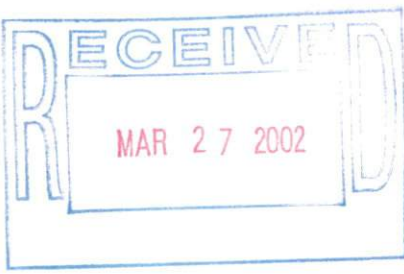
French Drain Required: \_\_\_\_\_ Linear feet

Date: 3/27/02

Signed: *[Signature]*  
Environmental Health Specialist

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

- \* MAINTAIN ALL SETBACKS
- \* RUN LINES ON CONTOUR
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 19105. 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.

BOBBY BYRD 910-892-8889  
Name Telephone #

8654 US 4215 ERWIN NC 28339  
Address

US 421 \_\_\_\_\_  
Property Location SR# Road Name

MYRTLEWOOD 8 4 \_\_\_\_\_  
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 1 Length of lines 250 Ft.

Width of ditches 3 ft. Depth of ditches 24-30 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] 3/27/02  
Signature of Authorized Agent for Harnett County Date