

IMPROVEMENT PERMIT

03-5-6668

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) Phillip O Bryant

New Installation

Septic Tank

Property Location: SR# 1108

Repairs

Nitrification Line

Subdivision Yorkshire Plantation Lot # 26

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

Number of Bedrooms Proposed: 3 (30x30) Lot Size: .50 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 exact length of each ditch 240 width of ditches 3 depth of ditches 18 1/2 in.

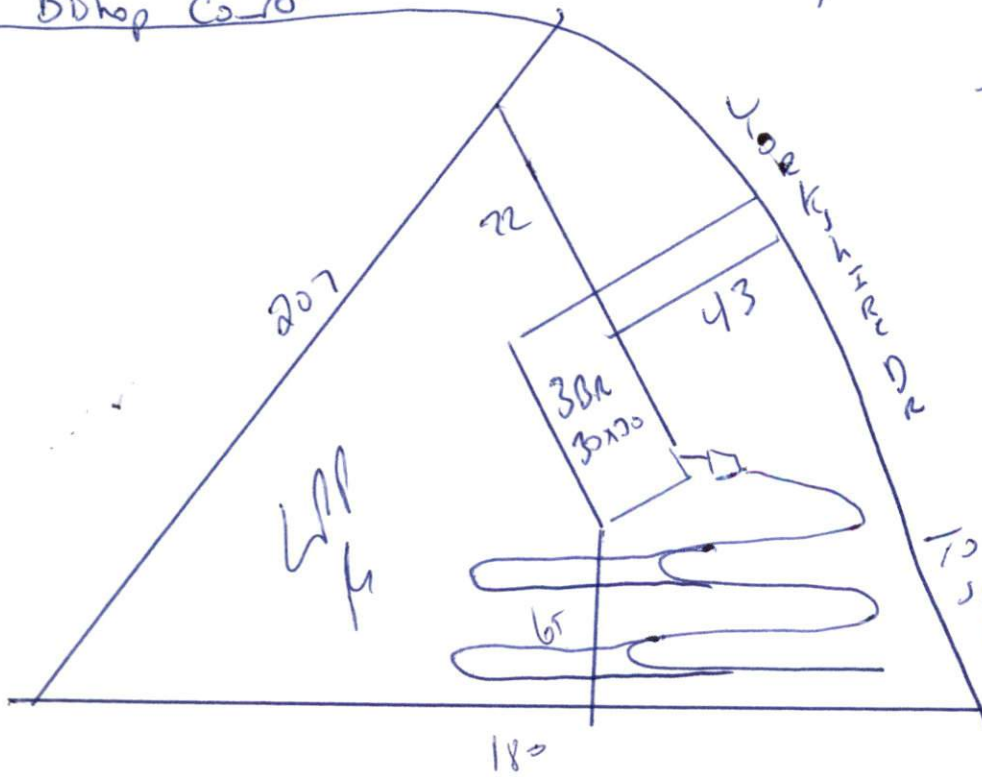
French Drain Required: \_\_\_\_\_ Linear feet

Date: 3-25-03

Signed: [Signature] Environmental Health Specialist

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

Bobo Court



STUB out Plumbing shallow where shown meet on site MAINTAIN All set Backs Do NOT DRIVE OR Park on Septic system

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 # 19281. 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.

Name Phillip D. Bryant Telephone# 910 843-5400

Address \_\_\_\_\_

1108

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Yorkshire Plantation 26 3(30x70) SJA  
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 240 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 03.25-07