

HARNETT COUNTY HEALTH DEPARTMENT  
**IMPROVEMENT PERMIT**

No 16844

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) Beatrice Hill  New Installation  Septic Tank  
 Property Location: SR# 2035 (Joel Johnson)  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

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

Number of Bedrooms Proposed: \_\_\_\_\_ 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 \_\_\_\_\_

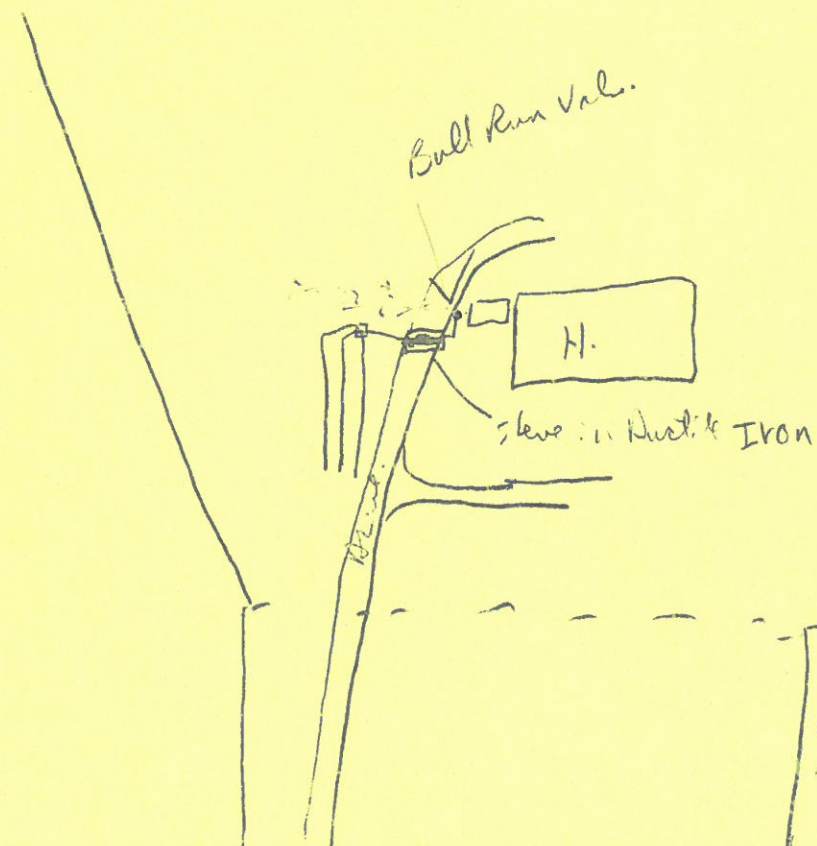
Size of tank: Septic Tank: ext. gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches ? exact length of each ditch 70 ft. width of ditches ? ft. depth of ditches 18-24 in.

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

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

Date: 02-05-01  
 Signed: J. H. Boyd, P.E.  
 Environmental Health Specialist



\* Contractor must meet me on site prior to installation.  
 \* Recommendations:  
 1. Have plumber check pipes from House to tank.  
 2. Have tank pumped out and have the Sanitary T checked  
 3. Complete all of the above first and system repair may not be necessary.

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 # 16844. 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 Beatrice Hill

Name: Beatrice Hill Telephone # 893-3522

Address: 451 Joel Johnson Rd. Lillington, N.C. 27546

Property Location: SR # 2035 Road Name Joel Johnson Rd.

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision                      Lot #                     

Number of Bedrooms Proposed: 6 Lot size: 3.65

Basement  With Plumbing  Without Plumbing

Water Supply: Well  Public  Minimum Well Setback:                      ft.

Type of System: Conventional  Other

Tank Volume: Septic Tank ext. gallons Pump Chamber                      gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 70

Width of ditches 3 ft. Depth of ditches 18-24 inches

French Drain: Linear feet required NA Depth of gravel NA

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: John H. Boyd BB. Date: 02-05-01