

# 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) Harry Beard  New Installation  Septic Tank  
 Property Location: SR# Ant. road Ch. Rd.  Repairs  Nitrification Line

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

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

Number of Bedrooms Proposed: 3 Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 min-ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other Pump to conventional

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 in. MAX

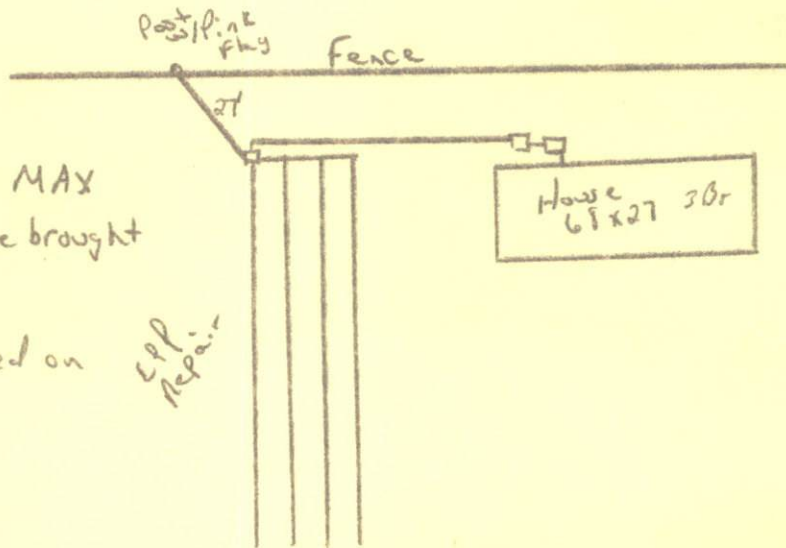
French Drain Required: \_\_\_\_\_ Linear feet

Date: 4/8/99

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

Signed: Bryan McSwain R.S.  
 Environmental Health Specialist

- \* Maintain setbacks
- \* Risers + filter will be needed on septic tank
- \* Keep ditches at 12 inches MAX
- \* 6 inches of cover must be brought in + placed on system
- \* Place House as staked on property



**HARNETT COUNTY HEALTH DEPARTMENT**  
**AU THORIZATION TO CO NSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15576. 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 \_\_\_\_\_

Name: Harry Beard Telephone # 892-6096

Address: 552 Antioch Ch. Rd. Dunn N.C. 28334

Property Location: SR # \_\_\_\_\_ Road Name Antioch Ch.

New Installation  Repair  Septic Tank  Nitrification Lines

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

Number of Bedrooms Proposed: 3 Lot size: \_\_\_\_\_

Basement  With Plumbing  Without Plumbing

Water Supply: Well  Public  Minimum Well Setback: 50 ft.

Type of System: Conventional  Other  Pump to conventional

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 4 Length of lines 100 ft.

Width of ditches 3 ft. Depth of ditches 12 inches MAX  
Need 6" of cover

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: Bryan M. Swain R.S. Date: 4/8/99