HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

N° 13011

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) _LB Hayes_   ☒ New Installation   ☒ Septic Tank

Property Location: SR#_____ 1111 Marks_____   ☐ Repairs   ☒ Nitrification Line

Subdivision _Sweet Briar Est. Sec. 4_   Lot # _124_

Tax ID #_____   Quadrant #_____

Number of Bedrooms Proposed: _3_   Lot Size: _100 x 215 X 100 x 215_

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 _____

Size of tank: Septic Tank: _1000_ gallons   Pump Tank: _____ gallons
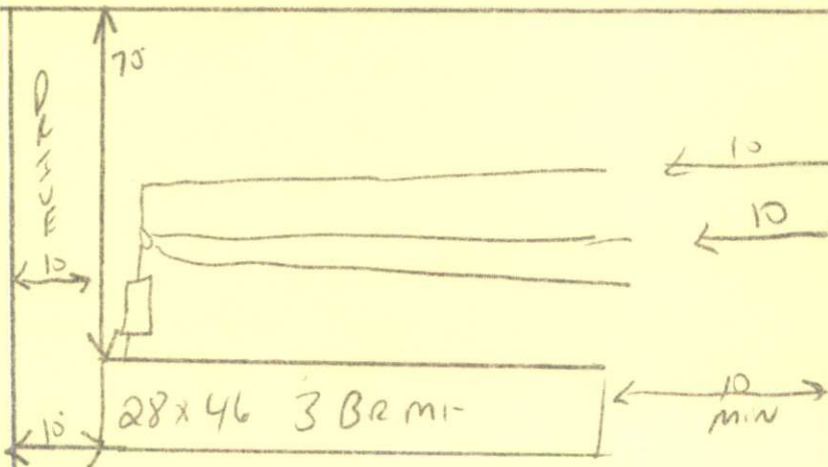
Subsurface Drainage Field   No. of ditches _3_   exact length of each ditch _70_ ft.   width of ditches _3_ ft.   depth of ditches _18·24_ in.

French Drain Required: _____ Linear feet

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

Date: _11-5-97_

Signed: _Joe Watson_
                Environmental Health Specialist

To SR 1111

70

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28 x 46 3 Br mi-

LPP Repair

STUB out Plumbing shallow

15·24" max Ditch Depth

Follow Contour

Maintain all Required set Backs

STAY 50' from Any well

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 # ___13011___. 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 ___LB Hayes___

Name: _____ Telephone # _____

Address: _____

Property Location: SR # ___1111___ Road Name _____

New Installation __X__ Repair _____ Septic Tank _X_ Nitrification Lines _X_

Subdivision ___Sweet Briar Est Sec 4___ Lot # ___124___

Number of Bedrooms Proposed: ___3___ Lot size: ___100x215x100x215___

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public __X__ Minimum Well Setback: _____ ft.

Type of System: Conventional __X__ Other _____

Tank Volume: Septic Tank ___1000___ 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 _____ 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: _____ Date: ___11-5-97___

(Revised 2/96)CNSTRCT.WPD