

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) Donna Jones  New Installation  Septic Tank  
 Property Location: SR# NC 210  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
 Tax ID # 0525 02 89 3802 Quadrant # 01-0536-0153

Number of Bedrooms Proposed: Three Lot Size: \_\_\_\_\_  
 Basement with Plumbing:  Garage:   
 Water Supply:  Well  Public  Community  
 Distance From Well: 100 ft.

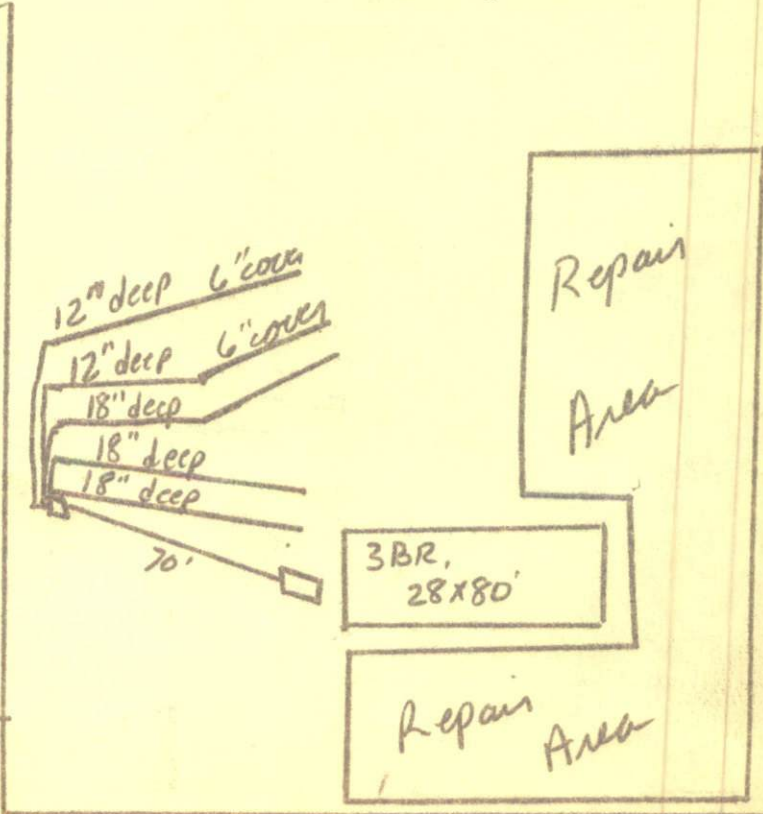
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other \_\_\_\_\_  
 Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
 Subsurface Drainage Field No. of ditches 5 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18"-12" in.  
 French Drain Required: \_\_\_\_\_ Linear feet

Date: 19 July 1999  
 Signed: Vernon R. [Signature]  
 Environmental Health Specialist

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

- \* 8 1/2" fall required between tank and distribution box.
- \* Tank must be set shallow
- \* Contractor must meet on-site prior to installation
- \* Do not drive on system.
- \* Markers and filter required.
- \* 6" cover required for trenches at 12" deep. (2 lines)



EASEMENT-DRIVE

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15693. 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: Donna Jones Telephone # 497-0863

Address: Lot 136 Amanda St. Spring Lake, NC

Property Location: SR # NC 210 Road Name NC 210

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

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

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

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 100 ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 5 Length of lines 80 feet

Width of ditches 3 ft. Depth of ditches 18-12 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: Vernon R. [Signature] Date: 19 July 1999

(Revised 2/96)CNSTRCT.WPD