

# 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) David Olive  New Installation  Septic Tank  
Property Location: SR# Hwy 421  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # T-6

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

Number of Bedrooms Proposed: 3 Lot Size: 5 AC.

Basement with Plumbing:  Garage:   
Water Supply:  Well  Public  Community  
Distance From Well: \_\_\_\_\_ ft.

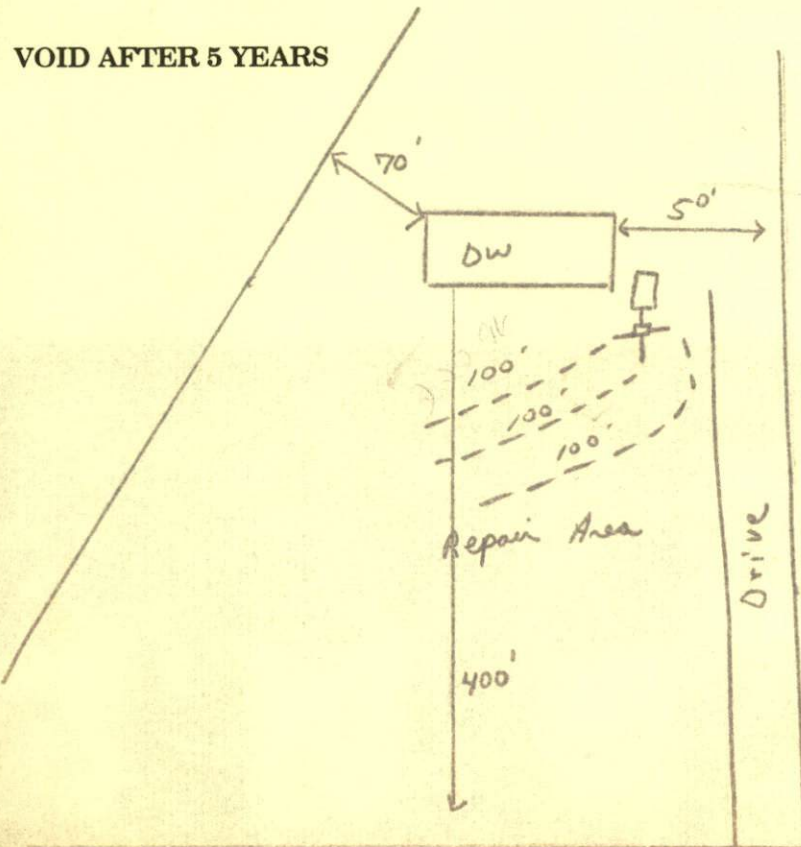
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other \_\_\_\_\_  
Size of tank: Septic Tank: 900 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.  
French Drain required: \_\_\_\_\_ Linear feet

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

Date: 1-20-96  
Signed: Jeff Eudy  
Environmental Health Specialist

VOID AFTER 5 YEARS



*Follow contours of the hill 24" to ditch bottom*

Hwy 421

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 # 10866. 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 David Olive

Name: Telephone # 542-2200

Address: Rt. 3 Box 711 Lillington N.C.

Property Location: SR# Road Name U.S. 421 N.

New Installation [checked] Repair [ ] Septic Tank [checked] Nitrification Lines [checked]

Subdivision Lot # T-6

Number of Bedrooms Proposed: 3 Lot Size: 5 AC.

Basement [ ] With Plumbing [ ] Without Plumbing [ ]

Water Supply: Well [ ] Public [ ]

Minimum Well Setback: [ ] ft.

Type of System: Conventional [checked] Other [ ]

Tank Volume: Septic Tank 900 gallons, Pump Chamber [ ] gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 3 Length of Lines 3 x 100'

Width of Ditches 3 ft. Depth of ditches 24 inches

Trench Drain: Linear feet required [ ] Depth of gravel [ ]

The 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 of Harnett County Health Department

Name: Jeff Eudy Date: 1-20-96