

# 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) James Stanley  New Installation  Septic Tank  
 Property Location: SR# Baileys Cross Rd  Repairs  Nitrification Line  
 \* Attempt to repair

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

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

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

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50m ft.

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

Type of system:  Conventional  Other Polystyrene Aggregate Trench System I WWS-9T-SR

Size of tank: Septic Tank: existing gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

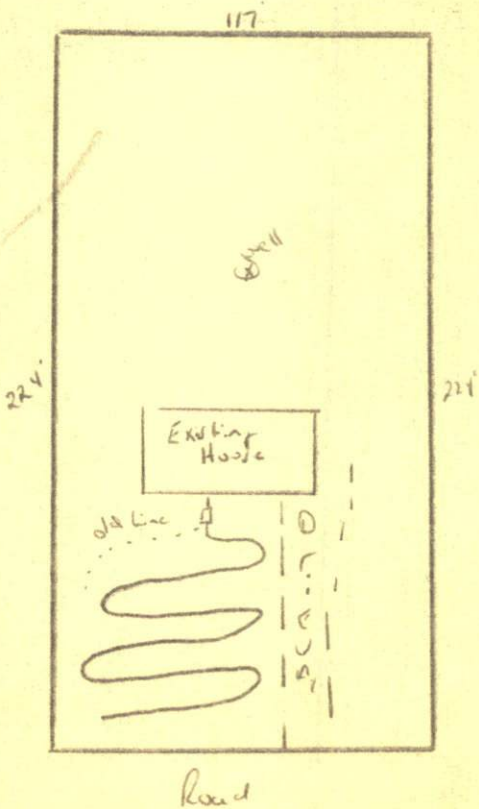
French Drain Required: \_\_\_\_\_ Linear feet

Date: 4/9/2002

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

Signed: Bryan McSwain R.S.  
 Environmental Health Specialist

\* Maintain setbacks  
 \* Keep ditches as shallow as possible



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 # 17697. 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.

Name James Stanley Telephone # 919-894-4170

Address 4842 Bailey's Cross Roads Benson, N.C. 27504

Property Location SR# 1581 Road Name Bailey's Cross Roads

Subdivision \_\_\_\_\_ Lot # 3 # Bedrooms Proposed \_\_\_\_\_ Lot size \_\_\_\_\_

TYPE OF SYSTEM

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional Other Polystyrene Aggregate Trach System I WW S-95-32

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.

Boyan M. Linn P.S.  
Signature of Authorized Agent for Harnett County

7/9/2002  
Date