

# 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) Hazel Bell  New Installation  Septic Tank  
Property Location: SR# 1215  Repairs  Nitrification Line

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

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

Number of Bedrooms Proposed: 2 existing Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50+ 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

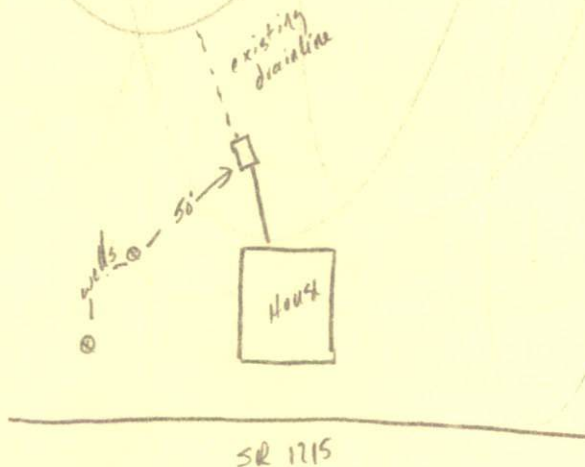
Subsurface Drainage Field No. of ditches \_\_\_\_\_ exact length of each ditch \_\_\_\_\_ ft. width of ditches \_\_\_\_\_ ft. depth of ditches \_\_\_\_\_ in.

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

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

Date: 9-21-98

Signed: Thomas J. Boyce R.S.  
Environmental Health Specialist



Set new tank and connect to old drainlines  
Dig Out Steel Tank

# 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 # 15469. 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 Hazel Bell

Name: \_\_\_\_\_ Telephone # 258-6665

Address: 1574 Rosser Pitman Rd Broadway Nc

Property Location: SR # 1215 Road Name Rosser Pitman

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

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

Number of Bedrooms Proposed: 2 existing Lot size: \_\_\_\_\_

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

Water Supply: Well  Public \_\_\_\_\_ Minimum Well Setback: 50' ft.

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

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

### Nitrification Field Specifications

Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines \_\_\_\_\_

Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ 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: Thomas J. Boyce R.S. Date: 9-21-98