



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."

☒ New Installation ☐ Septic Tank

 Repairs  Nitrification Line

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 3.12 ac

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. (EEF-222 lay)

Type of system: ☐ Conventional ☒ Other Polystyrene Aggregate Trench System 16005-95-3R

Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

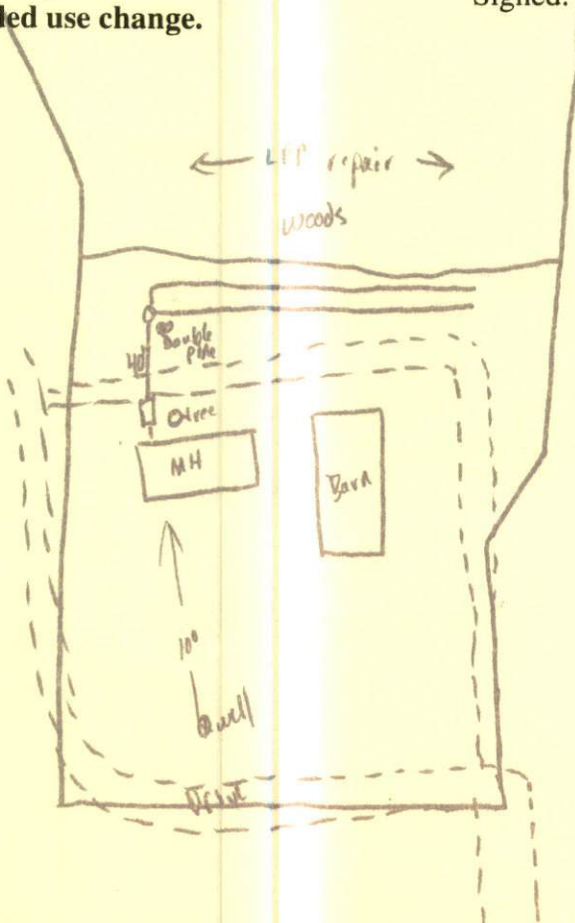
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 9-29-97

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

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



Maintain setbacks
Contractor to meet on site
prior to installing
Start ditches at 36"

HARNETT COUNTY HEALTH DEPARTMENT
AU THORIZATION TO CC NSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12657. 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 Denise Blackmon

Name: Denise Blackmon Telephone # 897-6960

Address: 410 W. K St Erwin NC

Property Location: SR # C Road Name Crabapple Ln

New Installation X Repair Septic Tank 1 Nitrification Lines 1

Subdivision Lot #

Number of Bedrooms Proposed: 3 Lot size: 3.12ac

Basement With Plumbing Without Plumbing

Water Supply: Well X Public Minimum Well Setback: 100 ft.

Type of System: Conventional Other Polystyrene Aggregate Trench System 10445-95-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 120

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: Thomas J. Boyce R-S Date: 9-29-97