

## 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) Harnett Co. Board of Education☒ New Installation☒ Septic Tank

Property Location: SR# \_\_\_\_\_

☐ Repairs☒ Nitrification LineSubdivision Dunn Middle School Lot # \_\_\_\_\_

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

Number of Bedrooms Proposed: 360 gpl Lot Size: \_\_\_\_\_Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50+ ft.

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

Type of system: ☒ Conventional ☐ Other \_\_\_\_\_Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

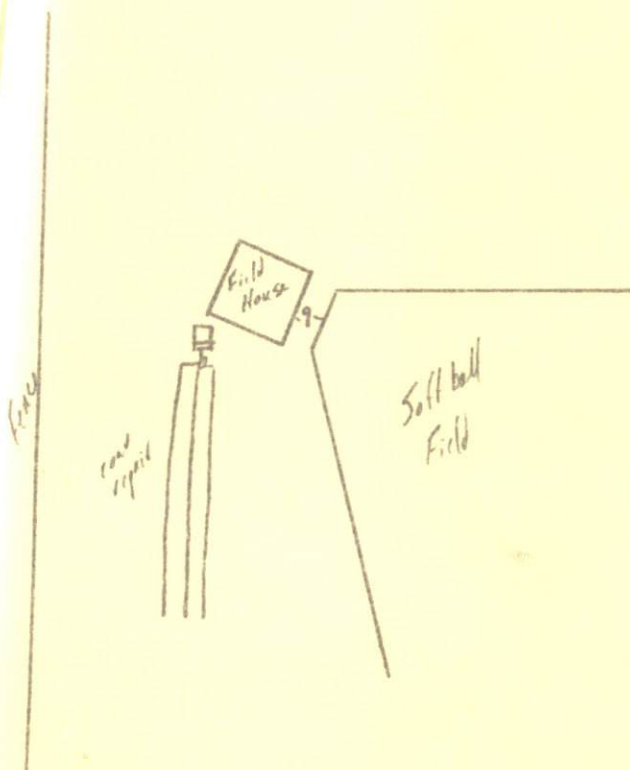
French Drain Required: \_\_\_\_\_ Linear feet

Date: 3-29-99

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

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

*Let the permit  
be issued  
to the school*



**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 # 14637. 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 Harnett Co. BOE

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: P.O. Box 1029 Lillington NC 27546

Property Location: SR # \_\_\_\_\_ Road Name \_\_\_\_\_

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

Subdivision Dunn Middle Lot # \_\_\_\_\_

Number of Bedrooms Proposed: 360 gpd 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 1 Number of Lines per Field 3 Length of lines 100

Width of ditches 3 ft. Depth of ditches 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: 3-29-99