

## 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) Richard L. Ennis☒ New Installation☒ Septic TankProperty Location: SR# 1715 Mendon/ark☐ Repairs☒ Nitrification Line

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

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

Number of Bedrooms Proposed: 3 Lot Size: 1 acre 11+Basement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☒ Public ☐ CommunityDistance From Well: 50' ft.

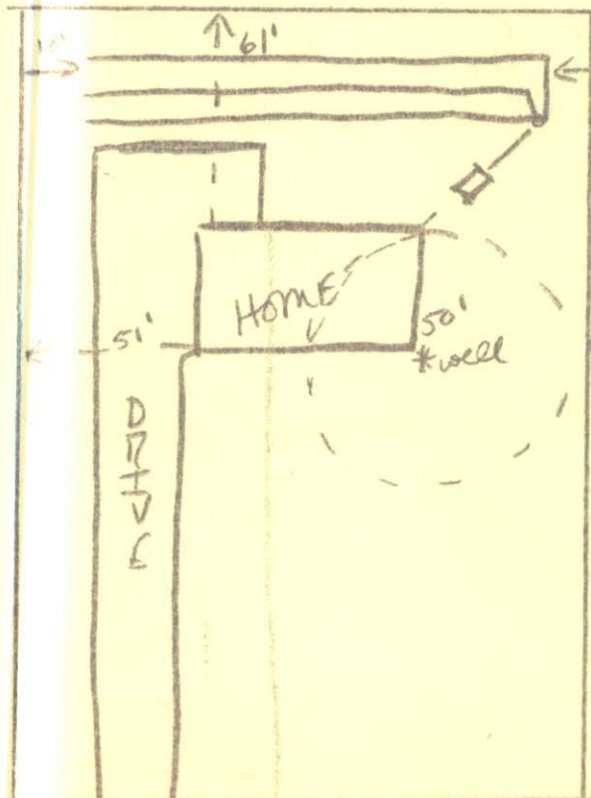
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other \_\_\_\_\_Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-20 in. maxFrench Drain Required: - Linear feet

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

Date: 7-16-98Signed: James E. Marshall EHS.  
Environmental Health Specialist

\*HOME HAD TO  
BE MOVED  
FORWARD  
10'



\*Maintain all  
setbacks

\*SET SEPTIC  
TANK 50'  
off of well!

DIRT DRIVE OUT TO ———&gt; SR 1715

HAR T COUNTY HEALTH DEPART NT  
**AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14290. 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 \_\_\_\_\_

Name: Richard L. FANNIS Telephone # 882-0759

Address: 104 Beale ST DUNN N.C. 28334

Property Location: SR # 1715 Road Name Mendon Fork

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision                      Lot #                     

Number of Bedrooms Proposed: 3 Lot size: 1 acre +

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 2 Number of Lines per Field 3 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18-20 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: James E. Marshall Date: 7-16-78