

## 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) Linda Evans☒ New Installation☒ Septic TankProperty Location: SR# 2011 OFF HWY 421☐ Repairs☒ Nitrification LineSubdivision \_\_\_\_\_ Lot # 3

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

Number of Bedrooms Proposed: 3 Lot Size: 11.69Basement 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: \_\_\_\_\_ gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 5 of each ditch 60 ft. ditches 3 ft. ditches 18-16 in.

French Drain Required: - Linear feetDate: 11-4-97

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

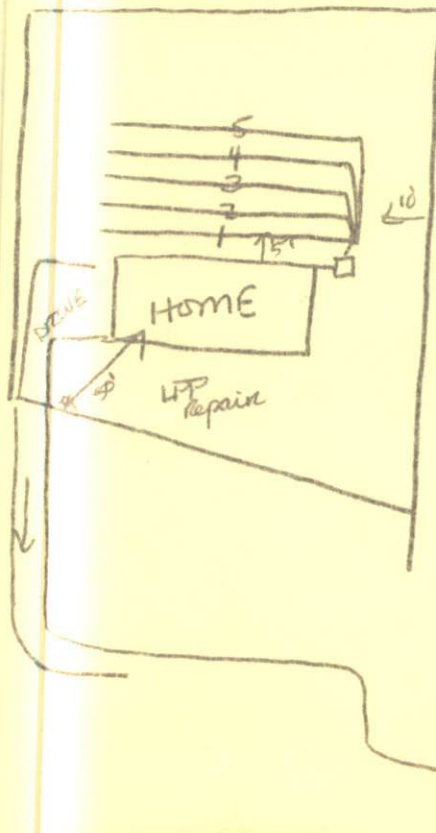
Signed: James E. Manhart EHS.  
Environmental Health Specialist

\* Maintain all setbacks

\* STAY OUT OF 50' setback area around well!

\* LANE 1 to be 18" DEEP and work to 16" DEEP on 4 + 5!

\* Contractor to call local Health Dept if any problems arise!



PREVE  
OUT TO  
US 421

**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 # 13155. 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 Jessie Evans

Name: Linda Evans

Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # HWY 421 Road Name 421

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision \_\_\_\_\_ Lot # 3

Number of Bedrooms Proposed: 3 Lot size: 11.69

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 5 Length of lines 60

Width of ditches 3 ft. Depth of ditches 18-16 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 C. McArthur R.S. Date: 11-4-97