

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) Paula R. Fales☒ New Installation ☒ Septic TankProperty Location: SR# 1229 McDougald☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x60) Lot Size: 10.5 acBasement with Plumbing: ☐Garage: ☐must use filter And
Septic Tank markerWater Supply: ☒ Well ☐ Public ☐ CommunityDistance From Well: 100' ft. * * must meet on site * *

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 No. of 5 exact length width of depth of
Drainage Field ditches of each ditch 100 ft. ditches 3 ft. ditches 18 max in.

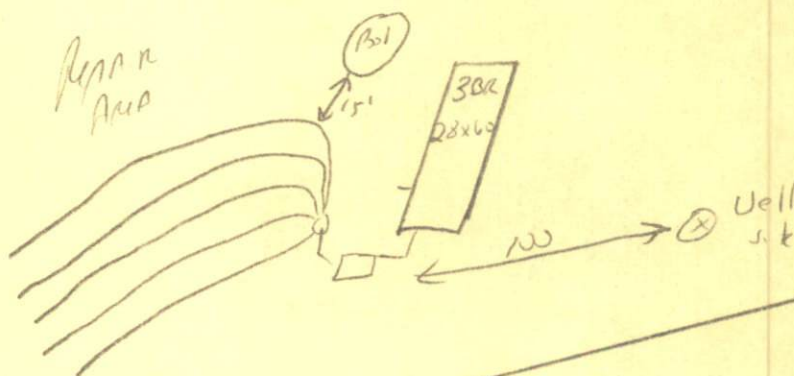
French Drain Required: _____ Linear feet

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

Date: 12-10-99Signed: Or West RS

Environmental Health Specialist

Meet on site Before Installing
18" Ditch Depths
Follow contours
Maintain all setbacks
Do not Drive or park on
septic system
Keep well 100' from septic
system



Field

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16633. 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 Paula Fales

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1229 Road Name McDonald Rd

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 (28x60) Lot size: 10.5 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public _____ Minimum Well Setback: 100 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 5 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 MAX 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: Joe Weston Date: 12-10-99