

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) ATLAS FALLIN ☒ New Installation ☒ Septic Tank

Property Location: SR# 1001 Claude White ☐ Repairs ☒ Nitrification Line

SR 1001 to John Waddell Lane

Subdivision Lot # 3.125 ac Tract 2

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 3.125 ac

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 m 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 Drainage Field No. of exact length width of depth of
ditches 1 of each ditch 200 ft. ditches 3 ft. ditches 1824 in.

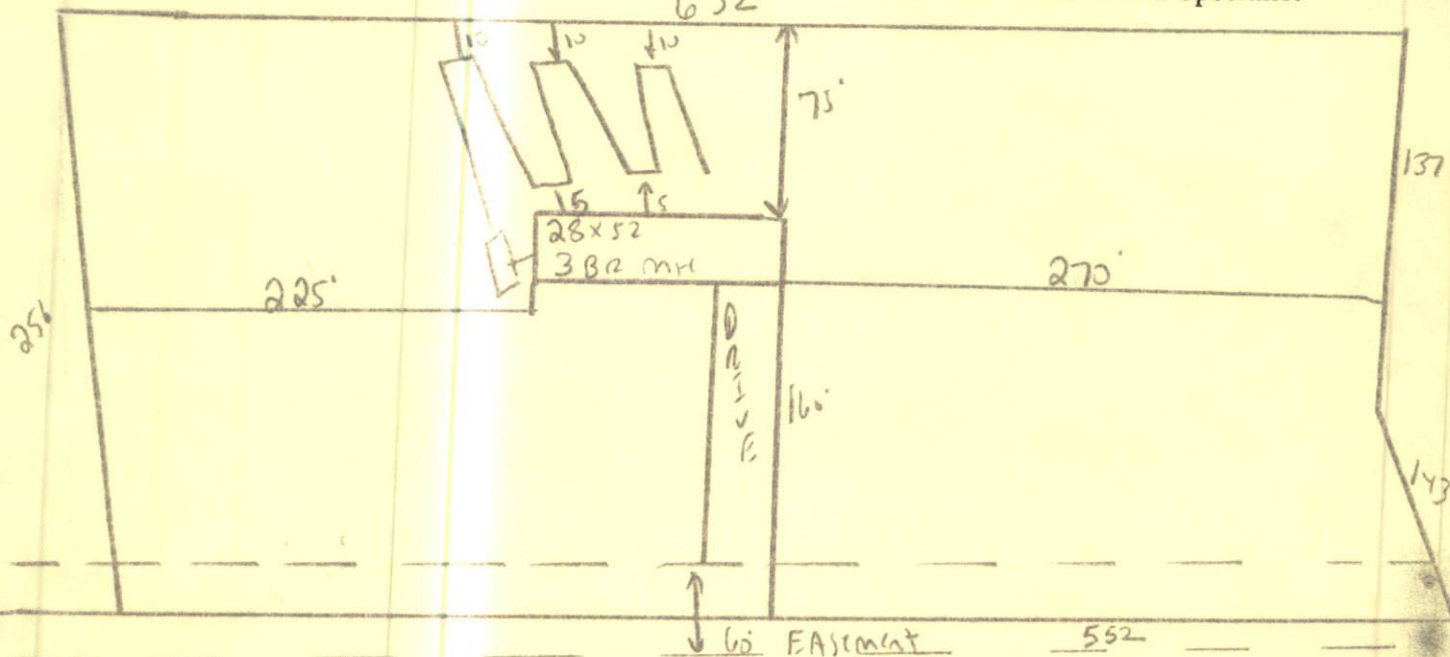
French Drain Required: Linear feet

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

Date: 6.30.98

Signed: [Signature]

Environmental Health Specialist



STUB OUT Plumbing Shallow 18-24" Ditch Depth Follow Contours
Maintain All Required Setbacks Do Not Drive or Park on Septic System

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 # 14519. 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 ATLAS Fallon

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1001 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # Tract 2

Number of Bedrooms Proposed: _____ Lot size: 3.125 ac

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 1 Length of lines 200

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: [Signature] Date: 6.22.98