

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

14426

Replace # 12580

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) Wayne & Jean Freese

☒ New Installation ☒ Septic Tank

Property Location: SR# 1234 Leaflet Ch. Rd

☐ Repairs

☒ Nitrification Line

Subdivision Thorn & Jean Freese DOH

Lot # 4

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4

Lot Size: 5.0 AC

Basement with Plumbing: ☐

Garage: ☐

MUST meet on site

Water Supply: ☐ Well ☒ Public

☐ Community

See Back of Authorization

Distance From Well: 50m ft.

to con street for more instructions

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 ditches 4

exact length of each ditch 100 ft.

width of ditches 3 ft.

depth of ditches 18 in.

French Drain Required: 300' Linear feet

36" Deep - 30" of gravel 12" wide

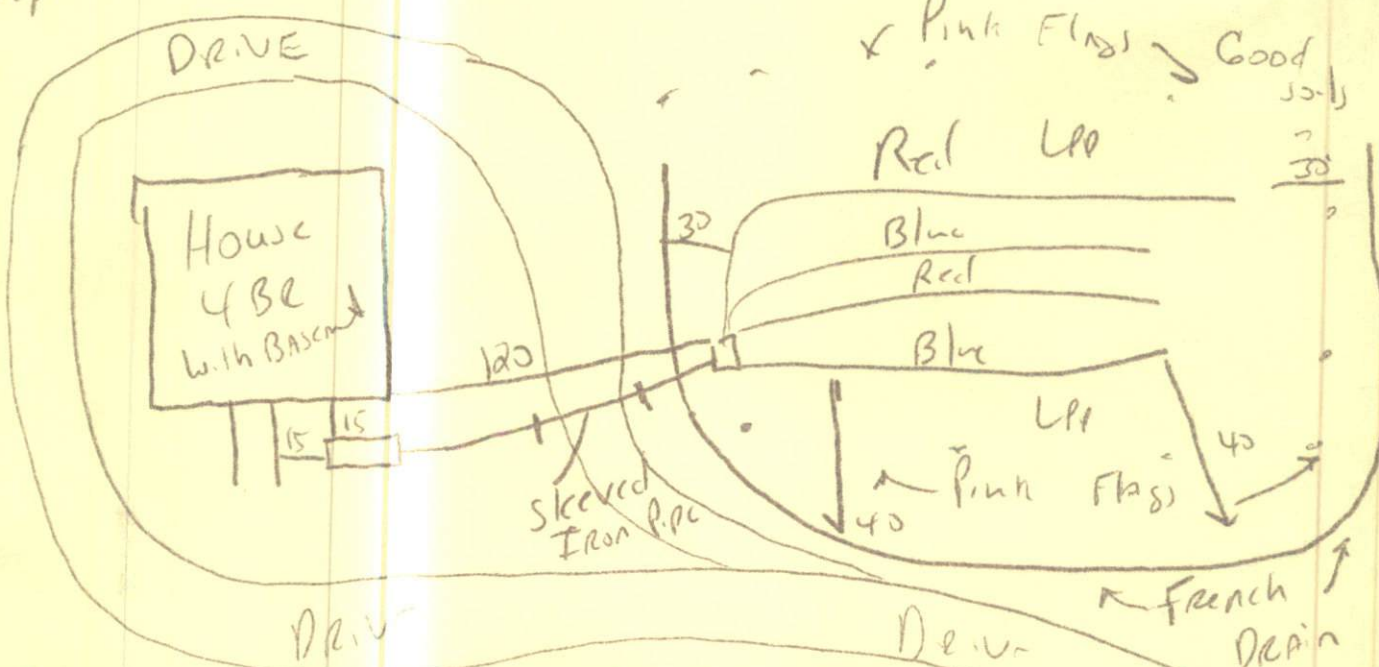
Date: 10-19-98

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

Signed: J. W. [Signature]

Environmental Health Specialist

Keep Tank 15' from Foundations



18" Ditch Depths Follow Contours

Place French Drain 40' Above SYSTEM - 30' from side

Place Iron Pipe sleeve Where Drive Crosses Supply Line

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 # 14426. 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 Wayne & Joy FARRAR

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1234 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision Thomas & Jean FARRAR DOH Lot # 4

Number of Bedrooms Proposed: 4 Lot size: 5.0 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 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 ^{max} inches

French Drain: Linear feet required Appx. 300' Depth of gravel 36" Deep Patch
30" 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: Jon Whitby Date: 10-19-98

See BACK