

## 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) Anné Flynn ☒ New Installation ☒ Septic Tank  
Property Location: SR# 1109 ☐ Repairs ☒ Nitrification Line  
McPherson Rd.

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

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

Number of Bedrooms Proposed: 3 Lot Size: 1.35 AC.

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: \_\_\_\_\_ 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: 900 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of 2 exact length 75 width of 3 depth of 24 in.  
Drainage Field ditches ft. ditches ft. ditches

French Drain required: \_\_\_\_\_ Linear feet

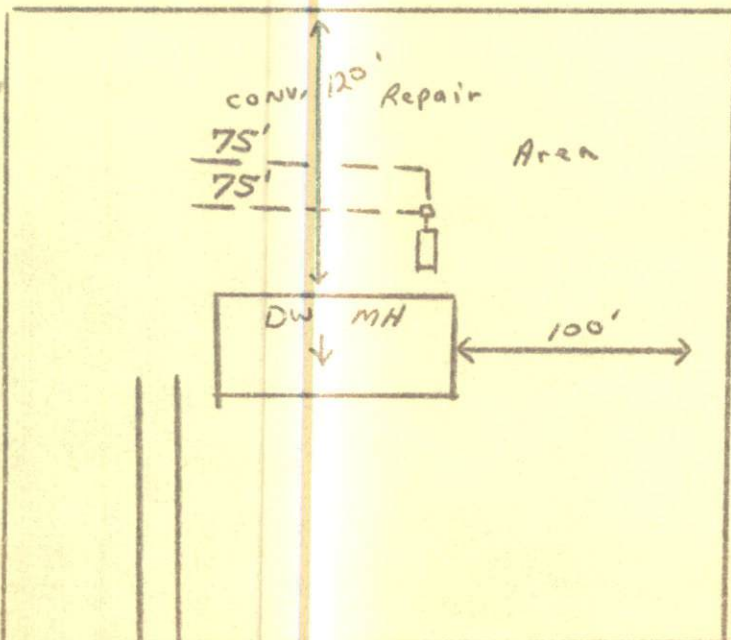
This permit is subject to revocation if site plans or intended use change.

Date: 9-1-96

Signed: Jeff Eudy

Environmental Health Specialist

**VOID AFTER 5 YEARS**



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 # 10617. 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 Annie Flynn

Name: \_\_\_\_\_ Telephone # 499-6966

Address: 2925 Swann Station Rd. Sanford.

Property Location: SR # 1109 Road Name McPherson Rd.

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision \_\_\_\_\_ Lot # 2

Number of Bedrooms Proposed: 3 Lot size: 1.35 AC

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public ☒ Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional ☒ Other \_\_\_\_\_

Tank Volume: Septic Tank 900 gallons Pump Chamber \_\_\_\_\_ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 2 x 75'

Width of ditches 3 ft. Depth of ditches 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: Jeff Eudy Date: 9-1-96