

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) Roy + Pauline Frechette ☒ New Installation ☒ Septic Tank
Property Location: SR# 1201 ☐ Repairs ☒ Nitrification Line
Ponderosa Rd.

Subdivision Danny Thomas Lot # 10

Tax ID# Beauty Salon Quadrant # Employee

Number of Bedrooms Proposed: Employee Lot Size: .76 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 exact length width of depth of
Drainage Field ditches 2 of each ditch 50 ft. ditches 3 ft. ditches 18 in.

French Drain required: _____ Linear feet

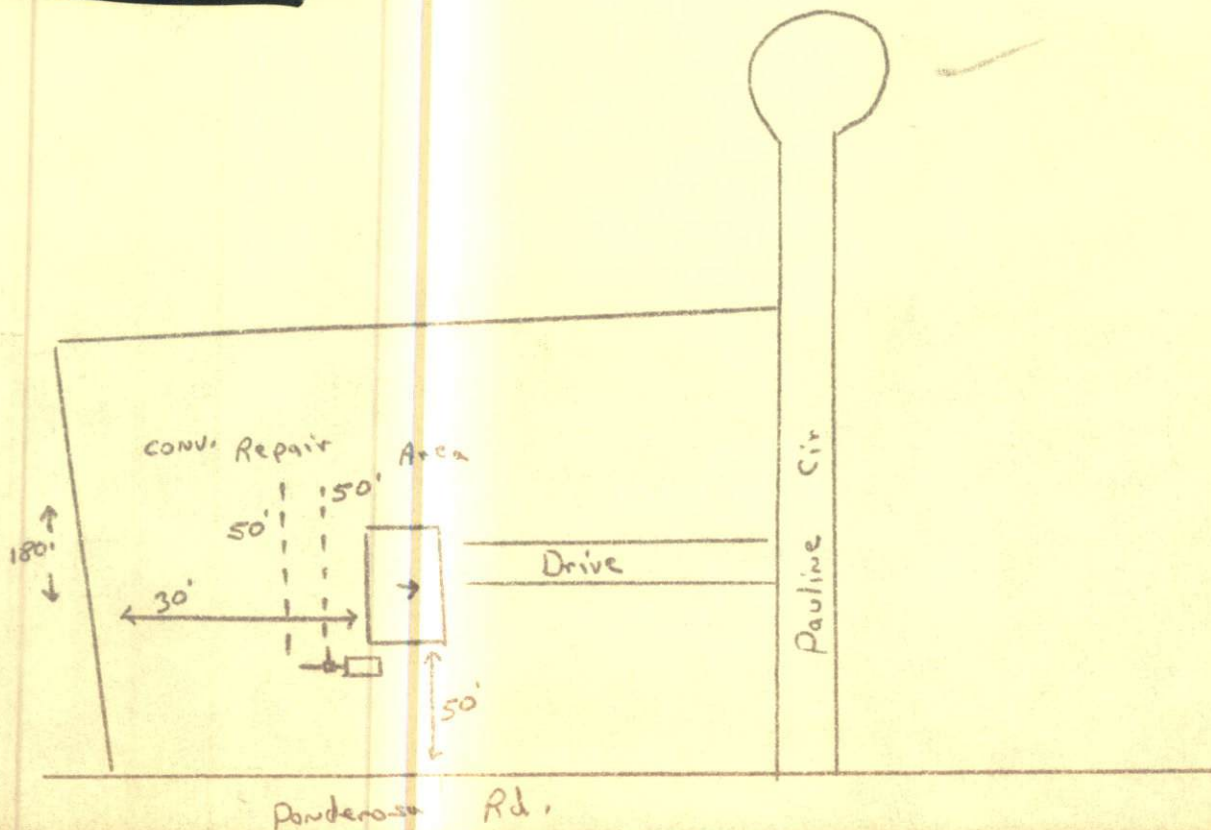
This permit is subject to revocation if site plans or intended use change.

Date: 10-13-96

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 # 10638. 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 Ray + Pauline Frechette

Name: _____ Telephone # 499-2848

Address: P.O. Box 295 Olivia N.C.

Property Location: SR # 1201 Road Name Ponderosa Rd.

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Danny Thomas Lot # 10

Two chair Beauty Salon One Employee
Number of Bedrooms Proposed: _____ Lot size: .76 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 at 50'

Width of ditches 3 ft. Depth of ditches 18 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: 10-13-96