

## 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) Robert R. French ☒ New Installation ☒ Septic Tank  
 Property Location: SR# 1271 ☐ Repairs ☒ Nitrification Line  
Shue Rd.

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

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

Number of Bedrooms Proposed: 2 Lot Size: 1.0 AC.

Basement with Plumbing: ☐ Garage: ☐ NO

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

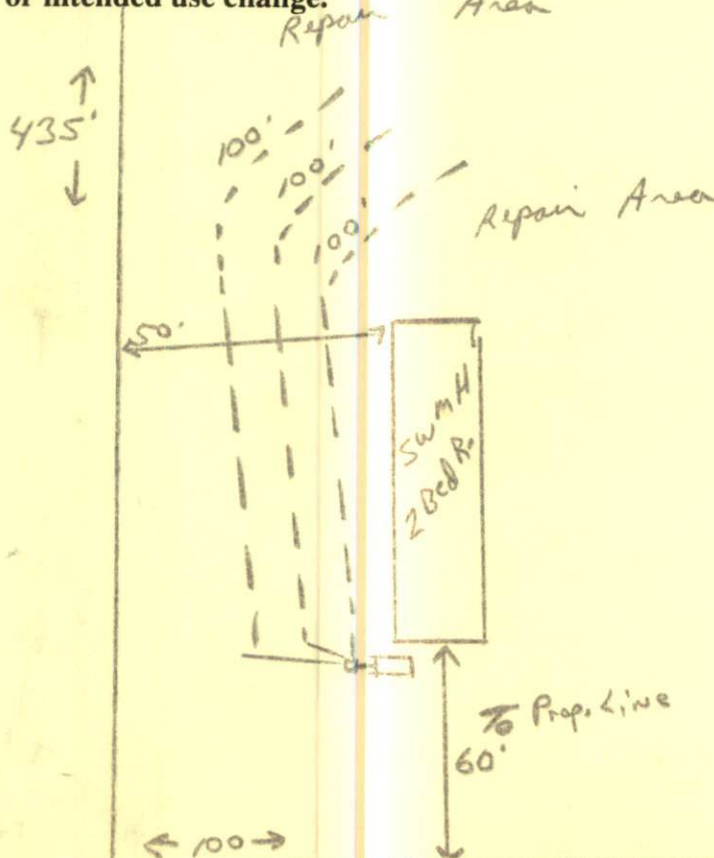
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 5-17-97

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

Signed: Jeff Eudy  
 Environmental Health Specialist



Follow contours of the hill.  
 Do not drive or park over septic tank system

Place water line around system if possible.

Chamber on EEE-222  
 Lay repair area

# 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 # 12311. 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 Robert R. French

Name: \_\_\_\_\_ Telephone # 893-9578

Address: Box 222 Lillingston Rd.

Property Location: SR # 1271 Road Name Shue Rd.

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

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

Number of Bedrooms Proposed: 2 Lot size: 1.0 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 3 Length of lines 300

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: 5-17-97