

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) Kathleen Collins ☒ New Installation ☒ Septic Tank
 Property Location: SR# 1227 McLead Rd ☐ Repairs ☒ Nitrification Line

Subdivision Kathleen Collins & Reuben Brown Lot # 16054

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 5.31 Ac

Basement with Plumbing: ☐ Garage: ☐ NOTE Change In House Location

Water Supply: ☐ Well ☒ Public ☐ Community NOTE Must Put Filter In tank

Distance From Well: 50 min ft. MUST Put Riser on Inlet & Outlet of tank

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 No. of exact length width of depth of
 Drainage Field ditches 6 of each ditch 100 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 1-13-99

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

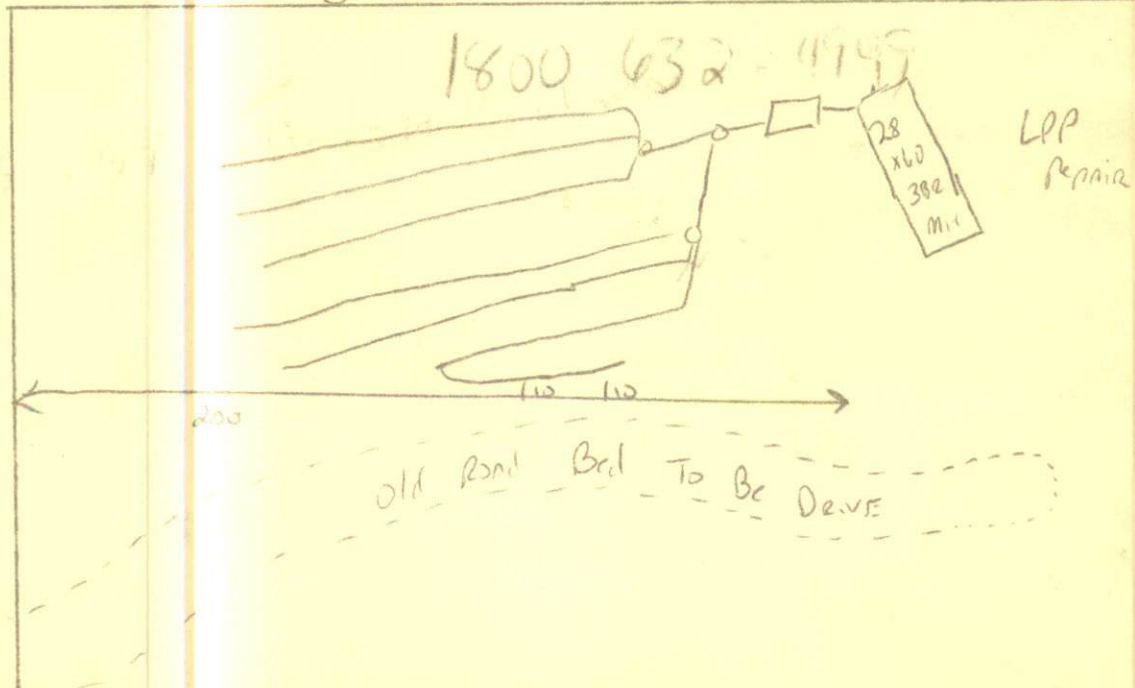
Signed: Joe Waters

Environmental Health Specialist

MUST meet on site Before Installing

Cutover 703'

Suggest
 Installing
 SYSTEM Before
 Placing home
 To Avoid
 A Pump



30' Exposed

18" MAX Ditch Depth Follow contours MAINTAIN All Required
 Set Backs Place Risers on Outlet & Inlet sides of the tank Filter
 Required

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 # 16054-A. 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 Kathleen Collins

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1227 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision Kathleen Collins & Rebecca Brown Lot # 2

Number of Bedrooms Proposed: 3 Lot size: 5.31 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 6 Length of lines 100

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: [Signature] Date: 1-13-99