

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) John Kirkendall ☒ New Installation ☒ Septic Tank
 Property Location: SR# 1100 Line Rd ☐ Repairs ☒ Nitrification Line

Subdivision W.F. Harmon Enterprises Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 6 Lot Size: 10.63 ac

Basement with Plumbing: ☐ Garage: ☐ NOTE This permit replaces

Water Supply: ☒ Well ☒ Public ☐ Community Permit # 12459 & 09624

Distance From Well: 100' ft. W.I. have both

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: 1500 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 540 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 3-2-98

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

Signed: J. W. AN
 Environmental Health Specialist

Dist path to SR1100 →

MUST med on site ***

Prior to installing

If Top of Tank is

In ground greater than

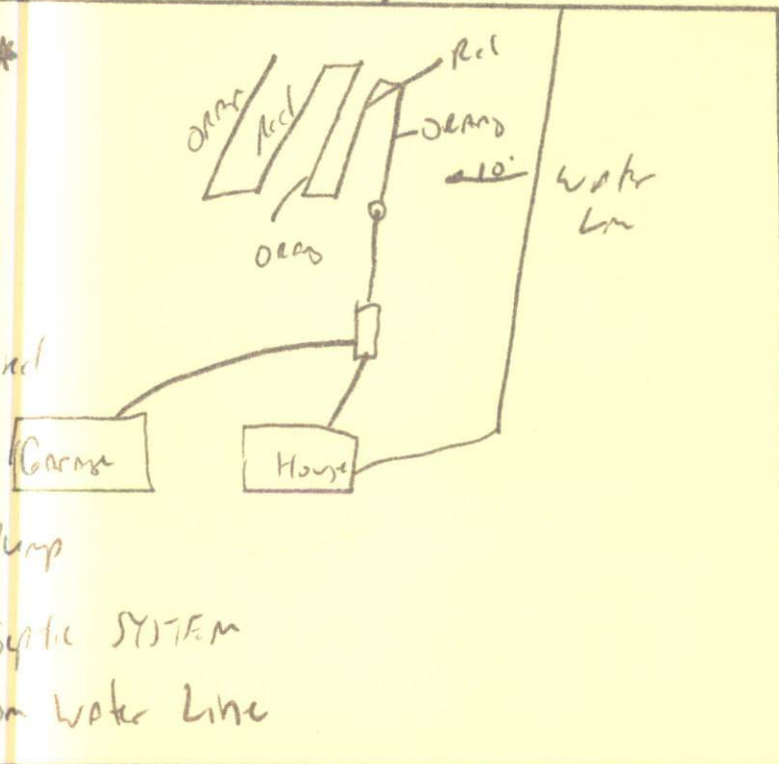
12" A Rise will Be Required

For Inlet & outlet openings

SYSTEM MAY require a pump

Keep Well 100' from septic SYSTEM

Keep SYSTEM 10' from Water Line



HARNETT COUNTY HEALTH DEPARTMENT
AU THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14053. 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 John Kirkendall

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1100 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision W.F. Harmon Ent. Lot # 6

Number of Bedrooms Proposed: 6 Lot size: 10.63 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public ☒ Minimum Well Setback: 100 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1500 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 540

Width of ditches 3 ft. Depth of ditches 18 1/4 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: Jon W. [Signature] Date: 3-2-98