

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 TankProperty Location: SR# 1100 Like M
1/4 mile Post SR 1101 on the right☐ Repairs ☒ Nitrification LineSubdivision W.F. HARMAN EnterprisesLot # 6

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 5Lot Size: 10.63 ACBasement with Plumbing: ☒Garage: ☐LTAR = .5Water Supply: ☒ Well ☒ Public☐ CommunityDistance From Well: 100' ft. will have well & public water

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional☒ Other Pump to ConventionalSize of tank: Septic Tank: 1250 gallonsPump Tank: 1250 gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 10-2-97

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

Signed: J. W. ARS
Environmental Health Specialist

Dirt Rd To SR 1100 →

marked with
Double
Orange
Flags

water meter

120'

Power Pole

30'

Wet

LPP
Apexsome
LPP
Apex

100'

165'

House

Block wall

Garden spot

75'

may move house up the
hill towards Garden spotwell
5.6

MUST
Meet
on
site
Before
Installing

MUST meet on site
Before Installing
18-24" max Ditch Depth
Follow contours
Maintain All Required
Set Backs
MAY NOT Require
A Pump

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12459. 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 # 910 630-2808

Address: _____

Property Location: SR # 1100 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision W.F. Harmon Enterprises Lot # 6

Number of Bedrooms Proposed: 5 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 1250 gallons Pump Chamber 1250 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18.24 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: [Signature] Date: 10-2-97