

## 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) Don C. Lane☐ New Installation ☒ Septic TankProperty Location: SR# Fletcher Ave.☒ Repairs☒ Nitrification Line\* Attempt to Repair

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

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

Number of Bedrooms Proposed: 2 existing Lot Size: .35 AcBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 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: 1000 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 50 ft. ditches 3 ft. ditches 30-18 in.

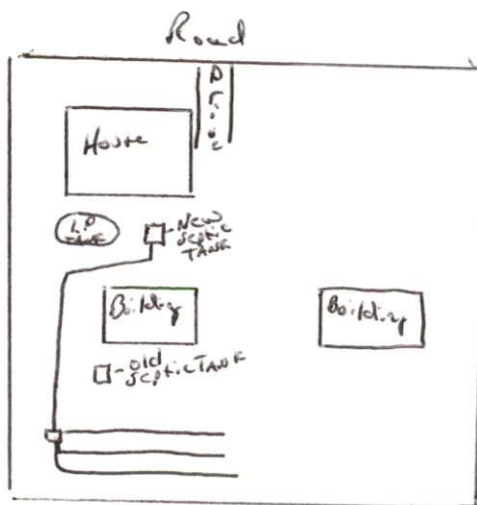
French Drain Required: \_\_\_\_\_ Linear feet

Date: 11/7/2003

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

Signed: Bryan McSwain R.S.  
Environmental Health Specialist

- \* Maintain all setbacks
- \* Start ditches at 30 inches  
+ Run to 18 inches
- \* Old septic tank to be  
crushed & filled in



HARNETT COUNTY HEALTH DEPARTMENT  
A) HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19393. 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.*

Don G. Lane Name 919-557-0445 Telephone#

P.O. Box 38 Foyway Varina N.C. 27526 Address

Property Location SR# Fletcher Road Name

Subdivision 2 existing Lot # 354c # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

☐ New Installation ☒ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional ☐ Other \_\_\_\_\_

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 900 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 30-18 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.

Don G. Lane R.S. Signature of Authorized Agent for Harnett County of Harnett 11/7/2003 Date