

## 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) Charles S. Kelly ☒ New Installation ☒ Septic Tank  
 Property Location: SR# Hg 421 ☐ Repairs ☒ Nitrification Line  
namers.

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

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

Number of Bedrooms Proposed: 3 Lot Size: @ 1 acre. +-

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 ft. <sup>x</sup>

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 4 of each ditch 100 ft. ditches 3 ft. ditches 12-18 in.

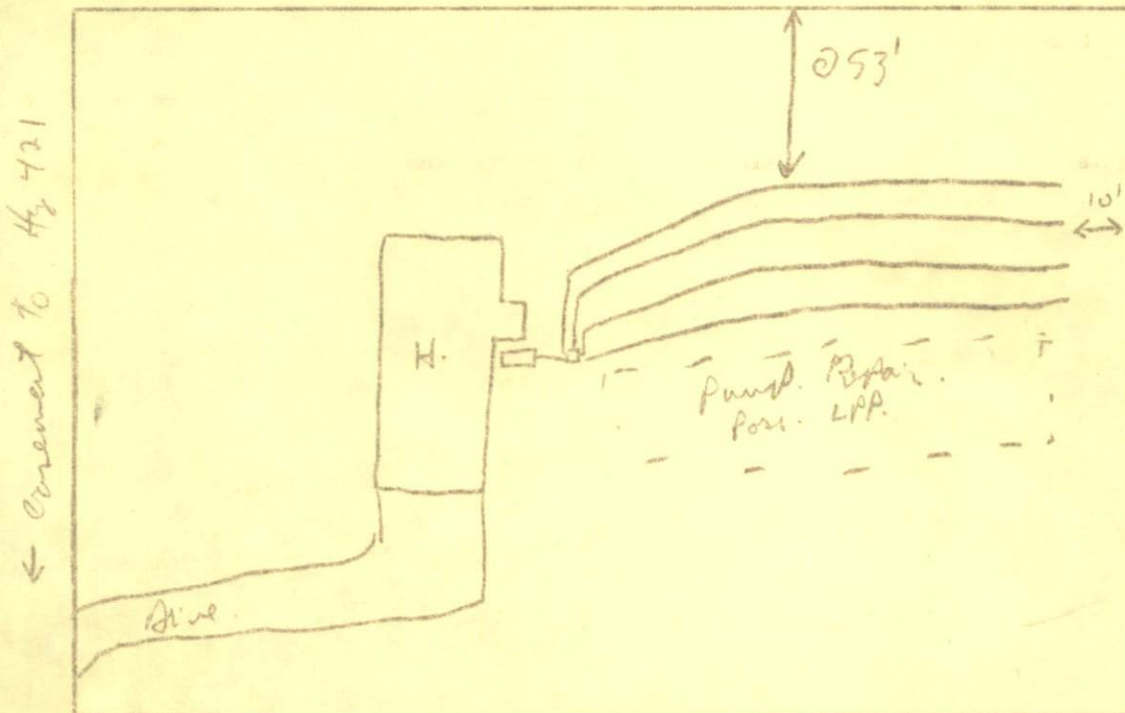
French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 10-16-97

Signed: J. H. B. R. S.  
 Environmental Health Specialist

VOID AFTER 5 YEARS



\* Lines shall be run according to flags on site.  
 IF flags are altered in any way they must be reported by the Health Dept.

Contractor to meet on site prior to installation.  
 Start ditches at 15' max

# AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 11465. 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 -

Name: Charles S. Kelly Telephone # 893-5195

Address: Box 353 Lillington N.C. 27542

Property Location: SR # - Road Name Highway 421

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision - Lot # -

Number of Bedrooms Proposed: 3 Lot size: @ 1 acre.

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 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 12-18 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: John H. Boyd R.S. Date: 10-16-97