

## 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) William Parton ☒ New Installation ☒ Septic Tank  
 Property Location: SR# HWY 87 ☐ Repairs ☒ Nitrification Line

Subdivision N/A Lot # N/A

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

Number of Bedrooms Proposed: 3 Lot Size: 4.98 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 min 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: \_\_\_\_\_ gallons

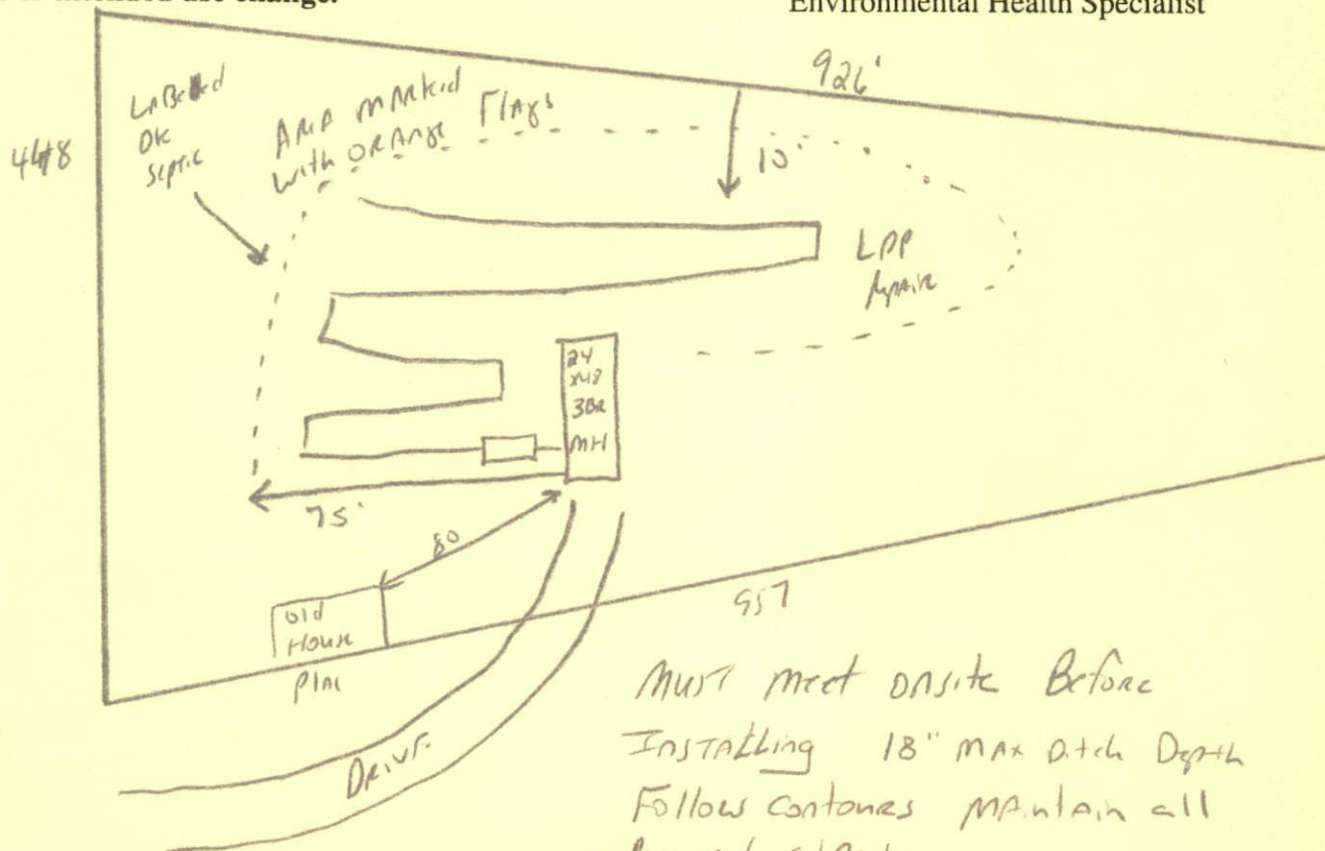
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 3-4-98

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

Signed: Jon W. GRS  
 Environmental Health Specialist



MUST meet onsite Before  
 Installing 18" max ditch Depth  
 Follow contours maintain all  
 Required setbacks  
 Keep system within <sup>MT</sup> Orange Flags

**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 # 14063. 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 William Parten

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # HWY 87 Road Name \_\_\_\_\_

New Installation ☒ Repair \_\_\_\_\_ Septic Tank ☒ Nitrification Lines ☒

Subdivision N/A Lot # N/A

Number of Bedrooms Proposed: 3 Lot size: 4.98 AC

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public ☒ Minimum Well Setback: 50 min 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 3 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: 3-4-98