

IMPROVEMENT PERMIT

011498

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) Barry H. Harrington☒ New Installation☒ Septic TankProperty Location: SR# 1227 McLeod Rd☐ Repairs☒ Nitrification LineSubdivision Barry T. Harrington Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x52) Lot Size: 2.31 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 See 222-222-222Size of tank: Septic Tank: 600 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

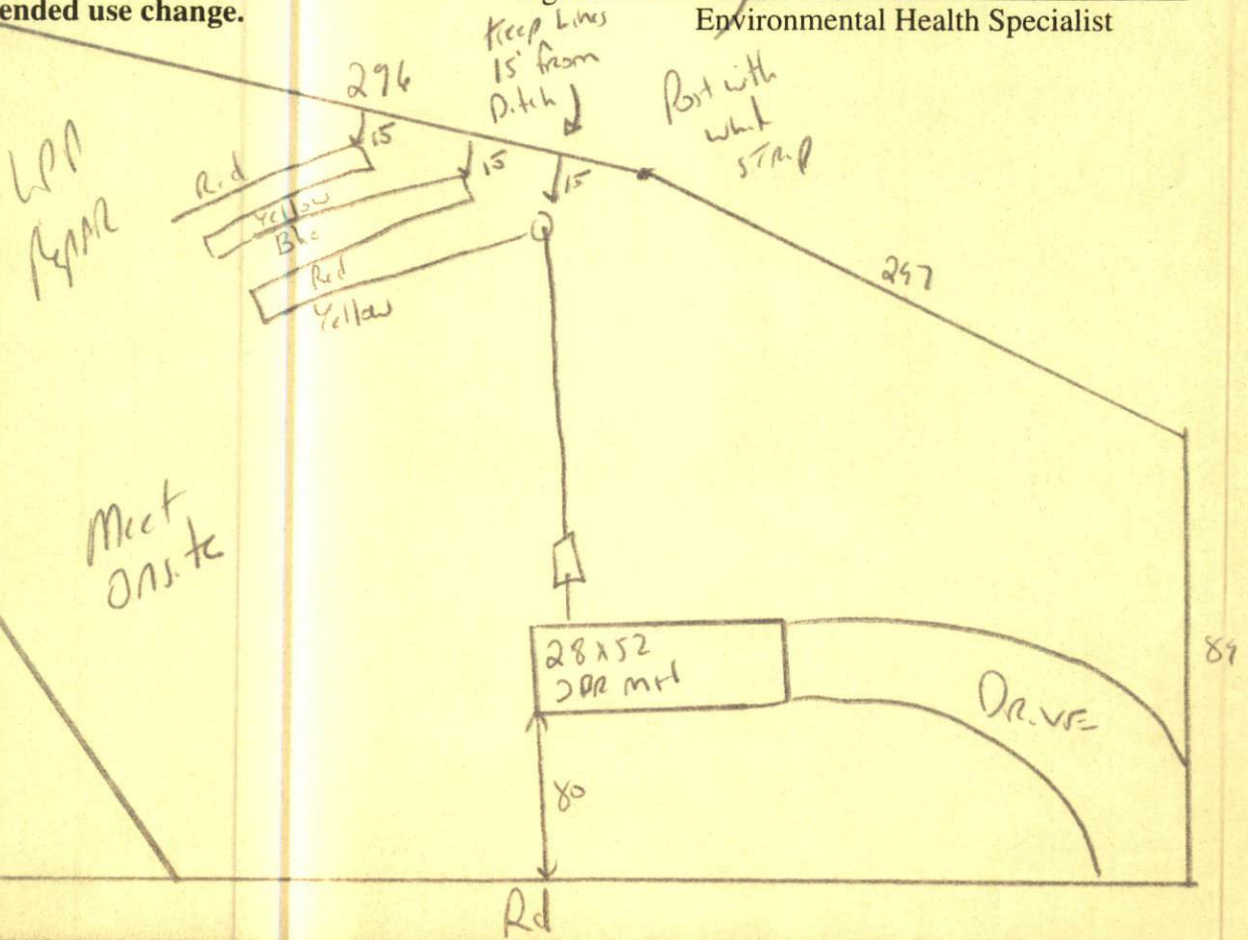
French Drain Required: _____ Linear feet

Date: 7-21-2000

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

Signed: [Signature]

Environmental Health Specialist



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 # 17447. 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 Barry Harnett

Name: _____ Telephone # 258-3486

Address: _____

Property Location: SR # 1227 Road Name _____

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Barry Harnett Lot # 231 AC

Number of Bedrooms Proposed: 2 (28x52) Lot size: 231 AC

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☐ Public ☒ Minimum Well Setback: _____ ft.

Type of System: Conventional ☒ Other ☒ SEE 222 L

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 300

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: 7-31-2000