

# 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) Barrett & Vannoy Const.  New Installation  Septic Tank  
 Property Location: SR# 1120  Repairs  Nitrification Line

Subdivision Stone Cross Ph. 1 Lot # 18

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

Number of Bedrooms Proposed: 3 Lot Size: 150 x 175

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: \_\_\_\_\_ ft.

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

Type of system:  Conventional  Other Pump to Polyethylene Aggregate Trench System 11115-95-32

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 112.5 ft. width of ditches 3 ft. depth of ditches 18-24 in.

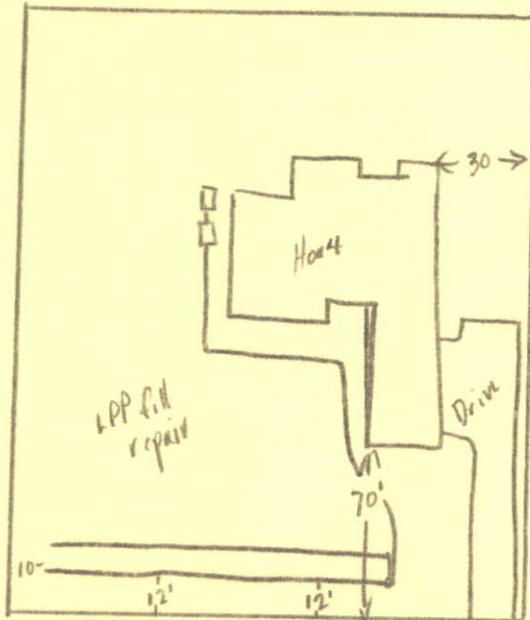
French Drain Required: \_\_\_\_\_ Linear feet

Date: 11-18-99

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

Signed: Thomas J. Boye R.S.  
 Environmental Health Specialist

*Maintain Setbacks*



Stone Cross Dr.

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 # 16478. 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 Barratt + Vannoy Const.

Name: \_\_\_\_\_ Telephone # 910-2111

Address: P.O. Box 35517 Fayetteville NC 28303

Property Location: SR # 1120 Road Name Overshills

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

Subdivision Stone Cross Ph. 1 Lot # 18

Number of Bedrooms Proposed: 3 Lot size: 150 x 175

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

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional \_\_\_\_\_ Other Pumped Polystyrene Aggregate Trench System  
16478-45-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 112.5

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: Thomas J. Boyer R.S. Date: 11-18-99