

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) Allen Faye ☒ New Installation ☒ Septic Tank
 Property Location: SR# NC 24/27 ☐ Repairs ☒ Nitrification Line
Past Dove Rd on Right - .7 mile
 Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 4 Lot Size: 1.41 AC

Basement with Plumbing: ☐ Garage: ☐ MUST meet on site
 Water Supply: ☐ Well ☒ Public ☐ Community MUST use filter & risers
 Distance From Well: 100 min ft.

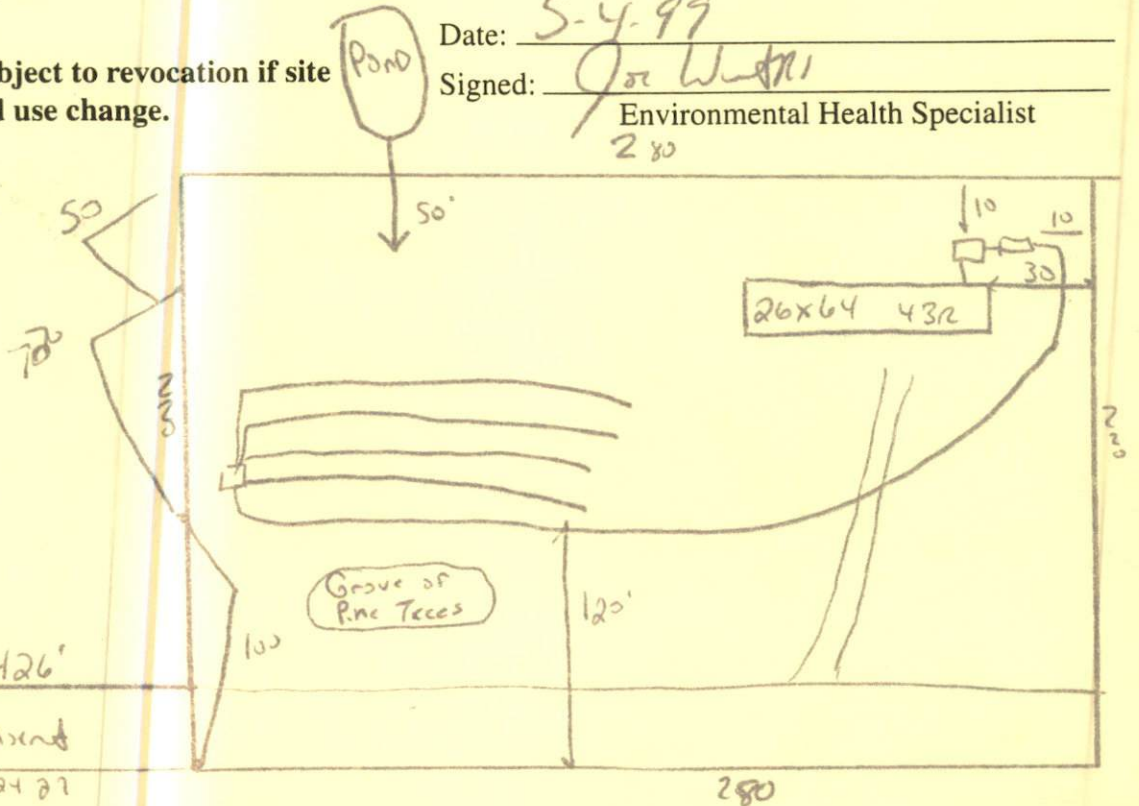
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☒ Other Pump to ultra shallow
 Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons *MAX*
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 12 in. *MAX*
 French Drain Required: _____ Linear feet

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

Date: 5-4-99
 Signed: [Signature]
 Environmental Health Specialist
280

MUST meet on site



MUST meet on site Before Installing
Layout may change
Follow contours
12' MAX Ditch Depth
MUST Bring In 8 to 12"
& Approved Cover

**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 # 15784. 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 Allen Faye

Name: _____ Telephone # _____

Address: _____

Property Location: SR # NC 24/27 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 4 Lot size: 1.41 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: 100 ft.

Type of System: Conventional _____ Other ☒

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 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 MAX 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: 5-4-99