

# 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 T. Sigman  New Installation  Septic Tank  
Property Location: SR# NC 27W  Repairs  Nitrification Line

Subdivision Clearview Lot # 4

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

Number of Bedrooms Proposed: 4 (76x32) Lot Size: .79 AC

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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 \_\_\_\_\_

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

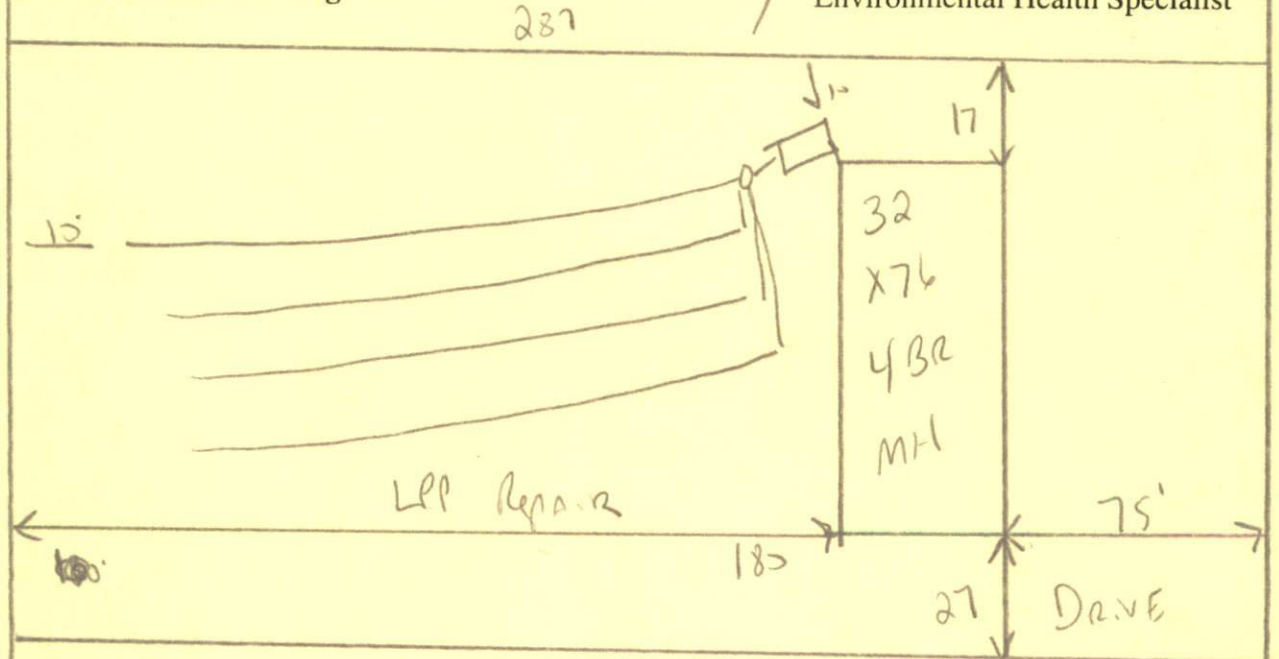
Subsurface Drainage Field No. of 4 exact length 120 width of 3 depth of 18 in.  
ditches of each ditch ft. ditches ft. ditches in.

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

Date: 02-03-03

Signed: [Signature]  
Environmental Health Specialist

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



STUB OUT Plumbing shallow 18" Ditch Depth  
MAINTAIN ALL SETBACKS Do not DRIVE or park on  
septic system

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 # 19237. 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.

William Symon  
Name

960-9409  
Telephone#

Address

NC 27

Property Location SR#

Clearview

Road Name

41 4(76x32)

79AC  
Lot Size

Subdivision

Lot #

# Bedrooms Proposed

**TYPE OF SYSTEM**

New Installation    Repair    Septic Tank    Nitrification Lines

Conventional    Other \_\_\_\_\_

Basement    With Plumbing    Without Plumbing

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

Septic Tank 1000   Pump Chamber \_\_\_\_\_

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1   # of lines per field 4   Length of lines 120 Ft.

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.

Joe W. [Signature]  
Signature of Authorized Agent for Harnett County of Harnett

02-03-03  
Date