

00-40000374
1-5-1576

HARNETT COUNTY HEALTH DEPARTMENT

No 17600

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 Flowers

☒ New Installation

☒ Septic Tank

Property Location: SR# 2044 Willow

☐ Repairs

☒ Nitrification Line

Subdivision _____ Lot # B-1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 100 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

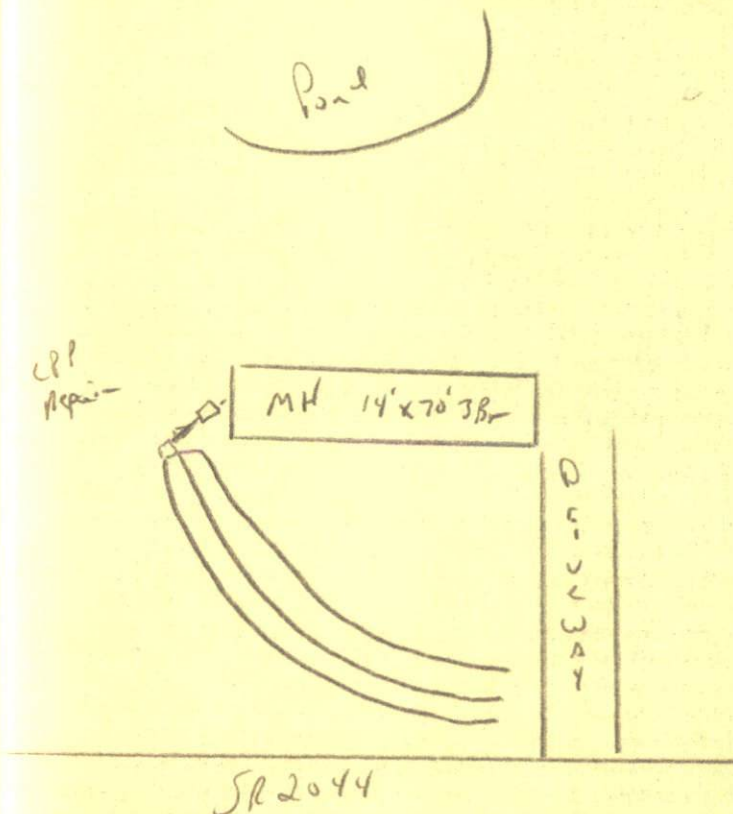
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12-14 in. 6-4 inches of cover

French Drain Required: _____ Linear feet

Date: 4/3/2001

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

Signed: Bryan M. Smith
Environmental Health Specialist



HAR T COUNTY HEALTH DEPART NT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17600. 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 _____

Name: William Flowers Telephone # 497-7227

Address: 1288 Willbuck Rd. Lincolnton NC 28356

Property Location: SR # 2044 Road Name Willbuck

New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # B-1

Number of Bedrooms Proposed: 3 Lot size: _____

Basement _____ With Plumbing ☒ Without Plumbing ☐

Water Supply: Well ☒ Public ☐ Minimum Well Setback: 50 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 80 ft.

Width of ditches 3 ft. Depth of ditches 12-14 inches
6-4 inches of cover

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: Dan M. L. R.S. Date: 4/3/2001