

IMPROVEMENT PERMIT

02-5-4340

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) Shane Bowden New Installation Septic Tank
 Property Location: SR# 1107 Repairs Nitrification Line

Subdivision OLLIE DOUGLAS Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x68) Lot Size: 1.53 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 ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

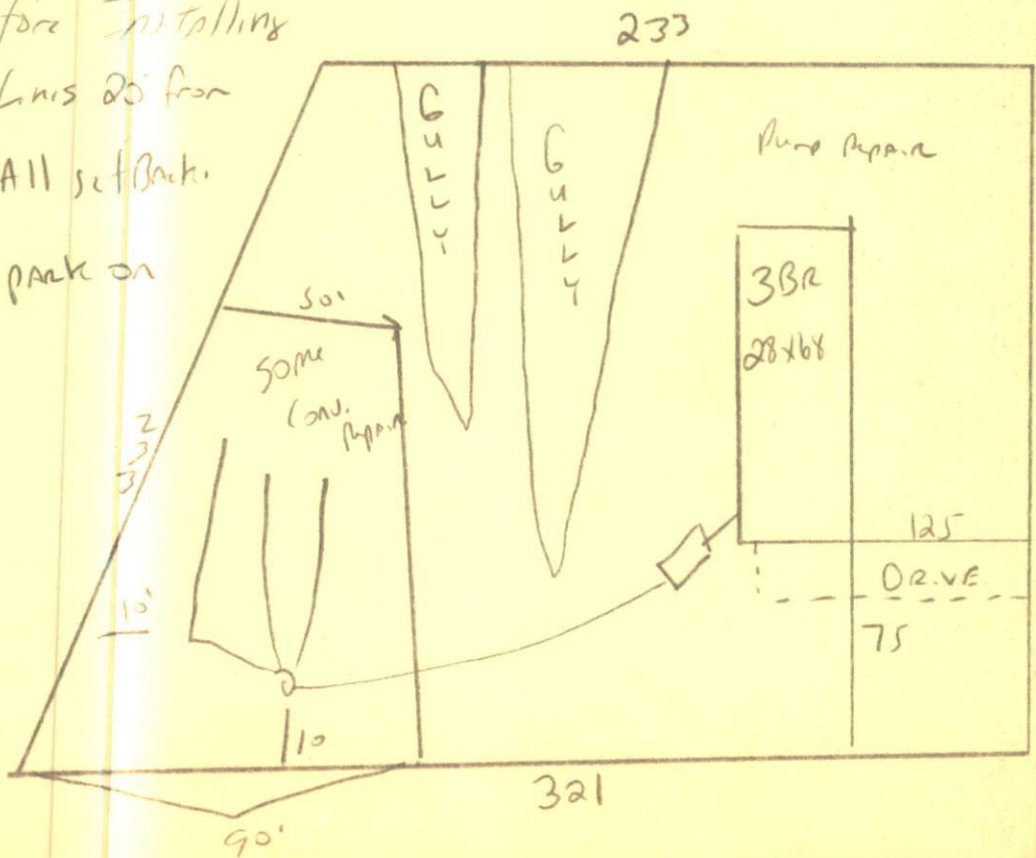
French Drain Required: _____ Linear feet

Date: 4-8-02

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

Signed: Joe WARS
 Environmental Health Specialist

Meet onsite Before Installing
 Must keep Drain Lines 20' from
 Gullies maintain All setbacks.
 Do not Drive or park on
 Septic system



SR 1107 218

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 # 19033. 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.

Shmoe Bowden 947-1433
Name Telephone #

195 Joel Rd Carthage NC
Address

1107 OLLIE DOUGLAS 5 3 (28x68) 1.53 AC
Property Location SR# Road Name

Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 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... 4-8-02
Signature of Authorized Agent for Harnett County Date