

03-5-7209R

No 20086

# 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) LORA H. JAGGERS <sup>JAMIE BOWDEN</sup>  New Installation  Septic Tank  
 Property Location: SR# 2027 HORSESHOE BEND RD  Repairs  Nitrification Line

Subdivision HORSESHOE ESTATES Lot # 5

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

Number of Bedrooms Proposed: 3 Lot Size: .7463 AC

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 PUMP TO CONVENTIONAL

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 30 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 6/13/03

Signed: [Signature] Environmental Health Specialist

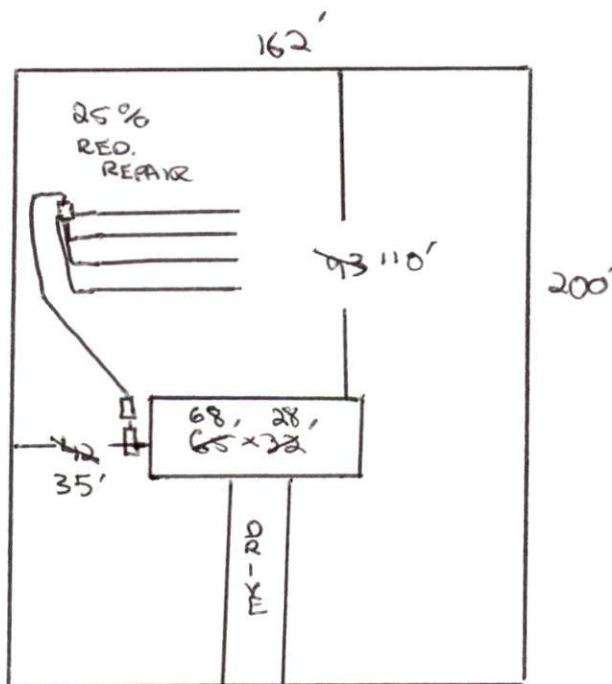
This permit is subject to revocation if site plans or intended use change.

\* MAINTAIN ALL SETBACKS

DRAWING NTS

\* USEABLE SOIL AREA IS VERY LIMITED. MEET ON SITE PRIOR TO CONSTRUCTION

PERMIT REVISED 11/18/05



SR 2027

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 # 20086. 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.

~~LORA H. JAGGERS~~ JAMIE BOWDEN ~~980-3774~~ 822-4294  
Name Telephone#

~~526 CIRCLE D. DR. LINDEN NC 28356~~ 595 PALESTINE LINDEN NC 28358  
Address

2027 HORSESHOE BEND RD.  
Property Location SR# Road Name

HORSESHOE EST. 5 3 .7463 AC  
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other PUMP TO CONVENTIONAL

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

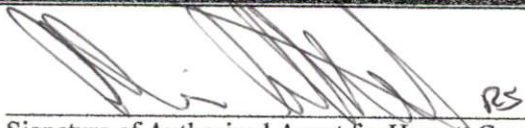
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 30 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.

 RS  
Signature of Authorized Agent for Harnett County of Harnett

6/13/03  
Date