

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) Timothy Brian Lowmy☒ New Installation ☒ Septic TankProperty Location: SR# 1808 Jonesboro☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.50Basement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☒ Public ☐ CommunityDistance 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: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 18-22 in.

French Drain Required: _____ Linear feet

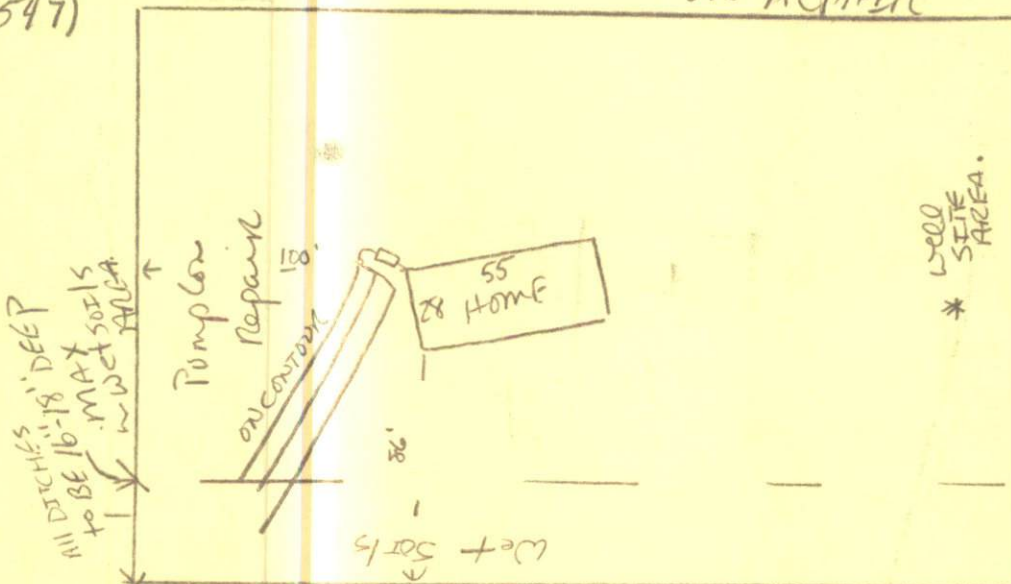
Date: 6-21-01

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

Signed: James C. Manhart III
Environmental Health Specialist

* CONTRACTOR TO MEET
ON SITE prior to
installation
(853-7547)

* Maintain all setbacks
* DO NOT DRIVE ON SYSTEM
ON REPAIR



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 # 18444. 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: Timothy Brian Lowmy Telephone # 910-891-5812

Address: 2604 Jonesboro Road DUNN .N.C. 28334

Property Location: SR # 1808 Road Name Jonesboro

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 1.5 acres

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 2 Number of Lines per Field 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 18-22 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: James E. Marshall Date: 8-21-01