

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) Gordon Flood☐ New Installation☒ Septic TankProperty Location: SR# 2006 Crawford☒ Repairs☐ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 1.17 AcBasement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☐ Public ☐ CommunityDistance From Well: 50 min 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 4 of each ditch 70 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 4/18/2001

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

Signed: Ryan McLean L.S.
Environmental Health Specialist

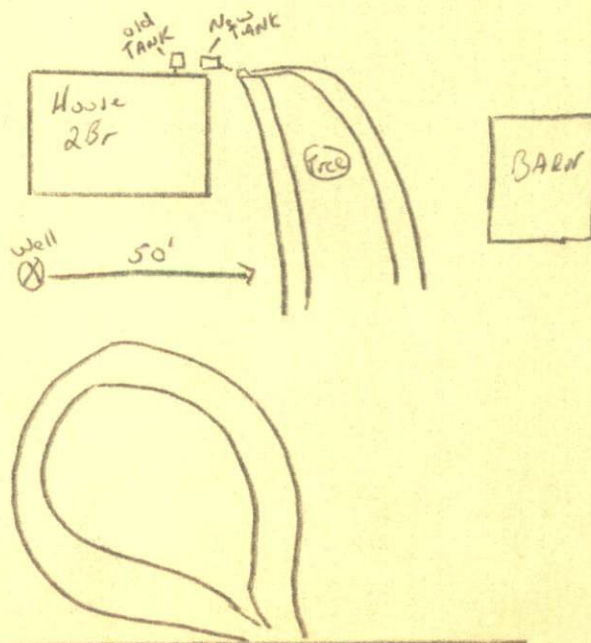
* Maintain all setbacks

* Stepdowns may be required

* The Old Tank may be used if its condition is OK

* Contractor to call & consult before installing system

* If New tank is required old tank must be crushed & filled in



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 # 17968. 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: Gordon Flood Telephone # 847-4453

Address: 782 Crawford Rd. Cartersville 27521

Property Location: SR # 2006 Road Name Crawford

New Installation _____ Repair ☒ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 2 Lot size: 1.17 Ac

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 4 Length of lines 70 ft.

Width of ditches 3 ft. Depth of ditches 18-24 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: Bryan M. Lewis R.S. Date: 4/19/2001