

## IMPROVEMENT PERMIT

Replaces # 13006

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) Robert G. L. L. Fowler☒ New Installation ☒ Septic TankProperty Location: SR# 1291 dd 421☐ Repairs ☒ Nitrification LineSubdivision Deilmach B-ss Lot # \_\_\_\_\_

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

Number of Bedrooms Proposed: 3 Lot Size: 4.0 ACBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ Community old well to be filled inDistance 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: \_\_\_\_\_ gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 270 ft. ditches 3 ft. ditches 18 in.

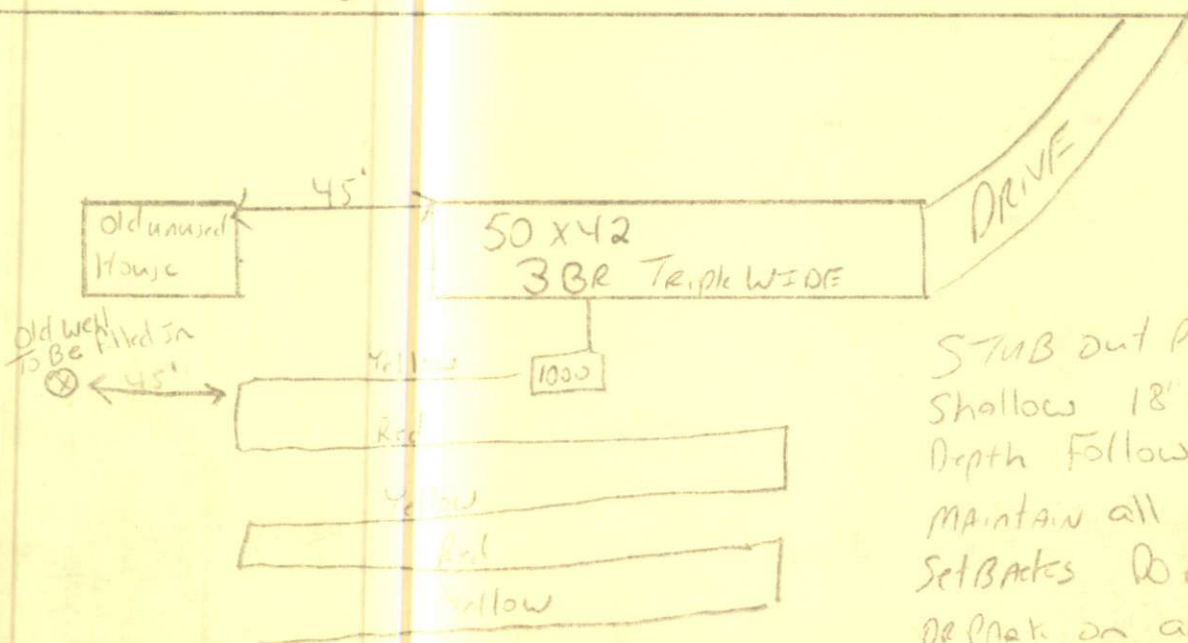
French Drain Required: \_\_\_\_\_ Linear feet

Date: 12-17-97

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

Signed: [Signature]  
Environmental Health Specialist

VOID AFTER 5 YEARS

Old 421

STUB out Plumbing  
Shallow 18" max Ditch  
Depth Follow contours  
Maintain all Required  
Setbacks Do not Drive  
or Park on any portion  
of the septic SYSTEM

LP 7/2/98

**HARNETT COUNTY HEALTH DEPARTMENT**  
**AUTHORIZATION TO C NSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 11472. 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 Robert & Linda Fowler

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # 1291 Road Name \_\_\_\_\_

New Installation ☒ Repair \_\_\_\_\_ Septic Tank ☒ Nitrification Lines ☒

Subdivision Mell Mack Row Lot # 4.0 AC

Number of Bedrooms Proposed: 3 Lot size: 4.0 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 1 Length of lines 270

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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 12-18-97