

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

21255

HTE _____

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) Roger or Cataline Fowler
Property Location: SR# Cole St.
New Installation, Septic Tank, Repairs, Nitrification Line
*Attempt at partial repair

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 5 Lot Size: .83Ac

Basement with Plumbing: [] Garage: []

Water Supply: [x] Well [] Public [] Community

Distance 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 [x] Other 25% Reduction System

Size of tank: Septic Tank: Existing gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 460 ft. width of ditches 3 ft. depth of ditches 18-30 in.

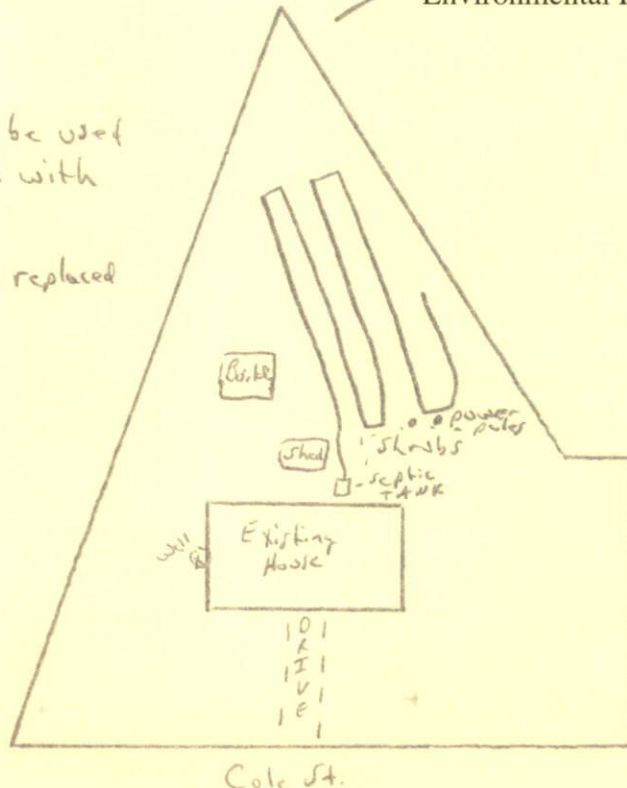
French Drain Required: _____ Linear feet

Date: 9/9/2004

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

Signed: Bryan McSwain D.S. Environmental Health Specialist

- * Maintain all setbacks
* Existing septic tank may be used if OK, contractor to call with any questions
* IF septic tank needs to be replaced use 1250gal



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21255. 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.*

Name Roger or Cataline Fowler Telephone # 910 230 0364

Address 1404 W. Cole St. Dan, N.C. 27334

Property Location SR# _____ Code St. _____
Road Name _____

Subdivision _____ Lot # 5 # Bedrooms Proposed _____
Lot Size .834c

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other 25% Reduction System
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1250 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 460 Ft.

Width of ditches 3 ft. Depth of ditches 18-30 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.

Roger McSwain L.S.
Signature of Authorized Agent for Harnett County

9/9/2004
Date