

## HARNETT COUNTY HEALTH DEPARTMENT

No 14197

## 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) Mary B Lockamy☒ New Installation☒ Septic TankProperty Location: SR# 1703 Suggs Road☐ Repairs☒ Nitrification LineSubdivision \_\_\_\_\_ Lot # 6

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

Number of Bedrooms Proposed: 3 Lot Size: 5.8 acresBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

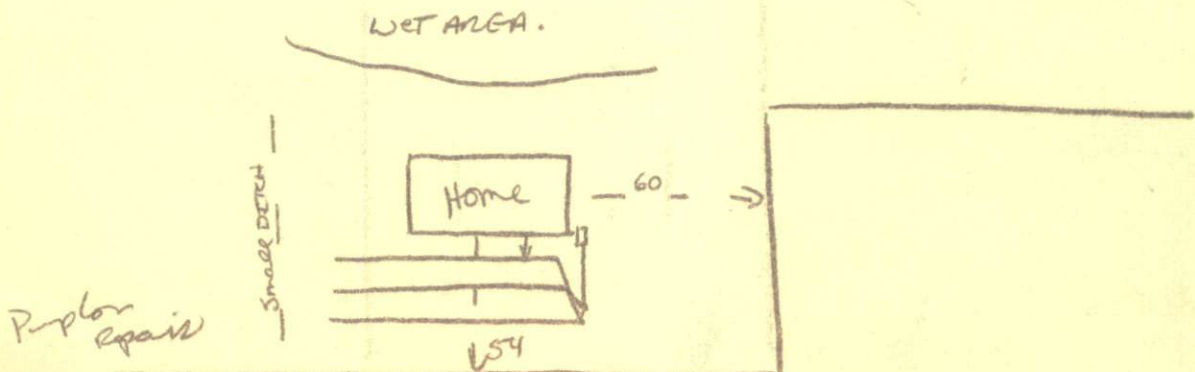
Type of system: ☒ Conventional ☐ Other \_\_\_\_\_Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 18 max in.French Drain Required: - Linear feetDate: 3-31-98

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

Signed: James E. Markanteres.

Environmental Health Specialist

\* Maintain all setbacks  
\* System MAY NEED  
French DRAIN!



**HARNETT COUNTY HEALTH DEPARTMENT**  
**AU' ORIZATION TO CO TRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14197. 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: Mary B Lockamy Telephone # 857-7290

Address: 761 Howell Road Coats N.C. 27521

Property Location: SR # 1703 Road Name Swego

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision - Lot # -

Number of Bedrooms Proposed: 3 Lot size: 5. acres +

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☐ Public ☒ Minimum Well Setback: \_\_\_\_\_ 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 100

Width of ditches 3 ft. Depth of ditches: 8 ~~max~~ 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. Mankart Eds. Date: 3-31-98