HARNETT COUNTY HEALTH DEPARTMENT

№ 12158

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) James & Cheryl Lowe ☒ New Installation ☒ Septic Tank

Property Location: SR# 1110 WEST Rd ☐ Repairs ☒ Nitrification Line

turn at mail Box 709 Perkins

Subdivision N/A Lot # B

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 1.01AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 100min 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: _____ gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18-24 in.

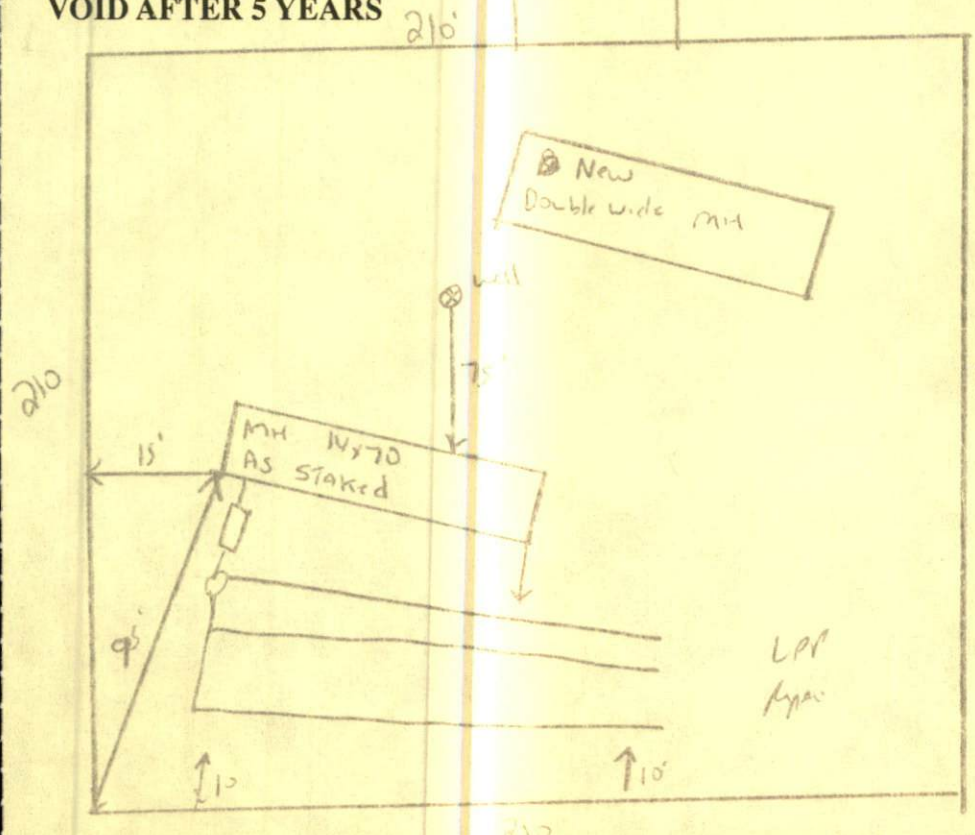
French Drain Required: _____ Linear feet

Date: 6-11-97

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

Signed: _____
Environmental Health Specialist

VOID AFTER 5 YEARS



STUB out Plumbing
Shallow
18-24" Ditch Depth
Follow contour
STAY 100' from well with new SYSTEM
Keep NEW SYSTEM 20' from existing septic SYSTEM

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 # 12158. 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 James & Cheryl Lowe

Name: _____ **Telephone #** _____

Address: _____

Property Location: SR # 1110 **Road Name** West Rd

New Installation X **Repair** _____ **Septic Tank** X **Nitrification Lines** X

Subdivision N/A **Lot #** B

Number of Bedrooms Proposed: 3 **Lot size:** 1.01 AC

Basement _____ **With Plumbing** _____ **Without Plumbing** _____

Water Supply: Well X **Public** / **Minimum Well Setback:** 100 **ft.**

Type of System: Conventional X **Other** _____

Tank Volume: Septic Tank 1000 **gallons** **Pump Chamber** _____ **gallons**

Nitrification Field Specifications

Number of fields 1 **Number of Lines per Field** 3 **Length of lines** 70

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: [illegible] **Date:** 6-11-97

(Revised 2/96)CNSTRCT.WPD