

HTE 04-5-109997

# IMPROVEMENT PERMIT

21604

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) PHIL BOWDEN  New Installation  Septic Tank  
Property Location: SR# 1549 DENNING  Repairs  Nitrification Line

Subdivision Haywood Bowden Lot # B

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

Number of Bedrooms Proposed: 4 Lot Size: 1.0

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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 25% Reduction System

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 20-18 in.

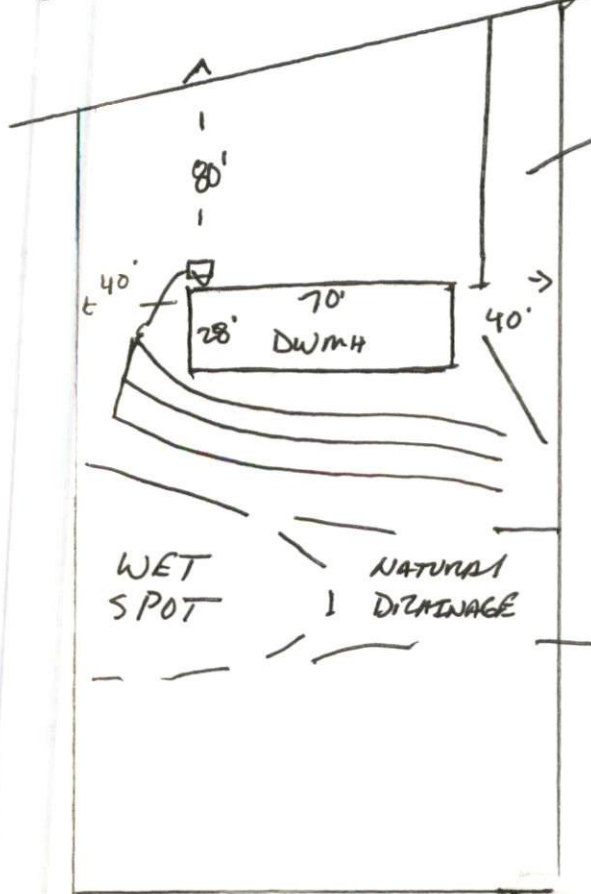
French Drain Required: - Linear feet

Date: 1-20-05

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

Signed: James E. Markant  
Environmental Health Specialist

\* SEPTIC TANK MAY SET ON EITHER SIDE OF HOME.



EASTMENT + DRIVE

\* Contractor to MEET ON SITE Prior to Installation!

04-5-1099912

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 # 21604. 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.*

Phil Bowden Name Telephone # 919-894-9908

6345 Benson Hardee RD Benson N.C. 27504 Address

1549 Property Location SR# DBNWZNG Road Name

Haywood Bowden Subdivision Lot # 3 # Bedrooms Proposed 4 Lot Size 1.0

**TYPE OF SYSTEM**

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

Water Supply:  Well     Public Water Supply Minimum Well Setback: \_\_\_\_\_ Ft.

Septic Tank 1000 gal    Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 20-21.8 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.

James E. Mantant Signature of Authorized Agent for Harnett County Date 1-20-05