HAR TTT COUNTY HEALTH DEPARTN

00-50000538

IMPROVEMENT PERMIT

Nº 16804

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." New Installation Septic Tank Name: (owner) Property Location: SR# □ Repairs Nitrification Line Subdivision ___ Lot# Tax ID #___ _____ Ouadrant # _____ Number of Bedrooms Proposed: Lot Size:_ Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other _ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length < width of depth of Drainage Field ditches of each ditch ft. ditches ft. ditches_ French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist (110') Amaintain setback \$ Set tank shallow 4 \$ Stub plumbing Shallow \$ markers & filter required. 4/24/01 50X41 3BR

RNETT COUNTY HEALTH DE TMENT AU HORIZATION TO CONSTRUCT

00-50000532 Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16804 This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization

will be invalid it ownership, site plans, or intended use change.
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Owner or Authorized Agent Odom Investments
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Name:
Address: PO Box 53336 Fayetfar/le NC
Address: 10 Dox 55556 1 agaywile 10 C
20UC Ellist R. 1
Property Location: SR # 2045 Road Name Elliott Bridge
New Installation
Subdivision Brandenmill Lot #
Number of Bedrooms Proposed: / hul Lot size:
Basement With Plumbing Without Plumbing
V 50
Water Supply: Well Public Minimum Well Setback: ft.
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Type of System: Conventional Other
1000
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
3 - 80/4
Number of fields Number of Lines per Field Length of lines
Width of ditches $\frac{3}{18-24}$ inches
Width of ditches ft. Depth of ditches 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
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Name:

(Revised 2/96)CNSTRCT.WPD