

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) OLIVERS CONST CO

New Installation  Septic Tank

Property Location: SR# 1539 OWENS ROAD

Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

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

Number of Bedrooms Proposed: 1 Extra Lot Size: .86 acres

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 100' ft. -Now Approved

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: Existing gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of \_\_\_\_\_ exact length \_\_\_\_\_ width of \_\_\_\_\_ depth of \_\_\_\_\_  
ditches \_\_\_\_\_ of each ditch \_\_\_\_\_ ft. ditches \_\_\_\_\_ ft. ditches \_\_\_\_\_ in.

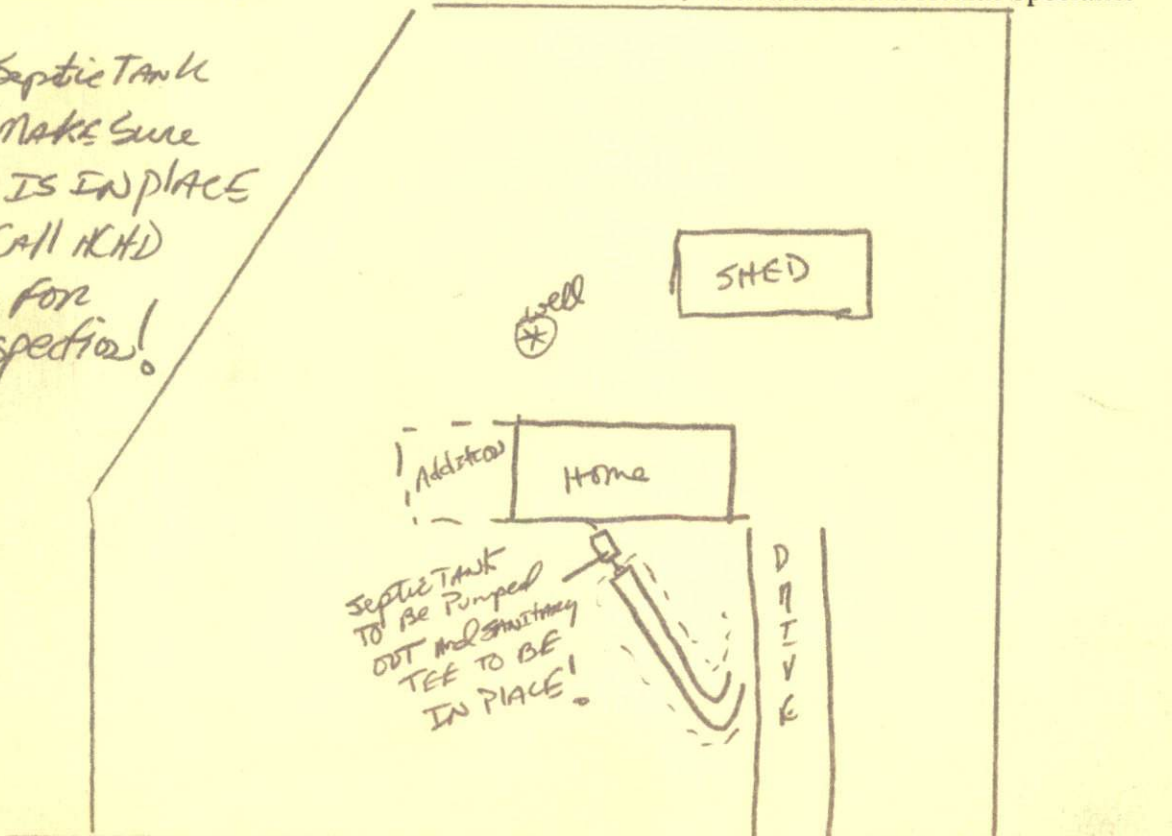
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7-20-99

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

Signed: James E. Marhart, R.S.  
Environmental Health Specialist

Pump Septic Tank  
and make sure  
TEE IS IN PLACE  
and call NCHD  
back for  
inspection!



SR 1539 Owens

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 # 13537. 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: OLIVER Construction Company Telephone # \_\_\_\_\_

Address: 3282 LIZZIE MELL ROAD Selma, N.C. 27576

Property Location: SR # 1539 Road Name OWENS

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Number of Bedrooms Proposed: addition Lot size: .86

Basement  With Plumbing  Without Plumbing

Water Supply: Well  Public  Minimum Well Setback: 50' ft.

Type of System: Conventional  Other

Tank Volume: Septic Tank existing gallons Pump Chamber \_\_\_\_\_ gallons

Nitrification Field Specifications

Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines \_\_\_\_\_

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

Name: James C. Markham Date: 7-20-99