

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) Odell Jones☒ New Installation ☒ Septic TankProperty Location: SR# 2027☐ Repairs☒ Nitrification LineJosey Williams Road

Subdivision _____

Lot # 12Tax ID # 0555-64-0018Quadrant # 12-0555-0103Number of Bedrooms Proposed: ThreeLot Size: 3.16 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: _____ gallons

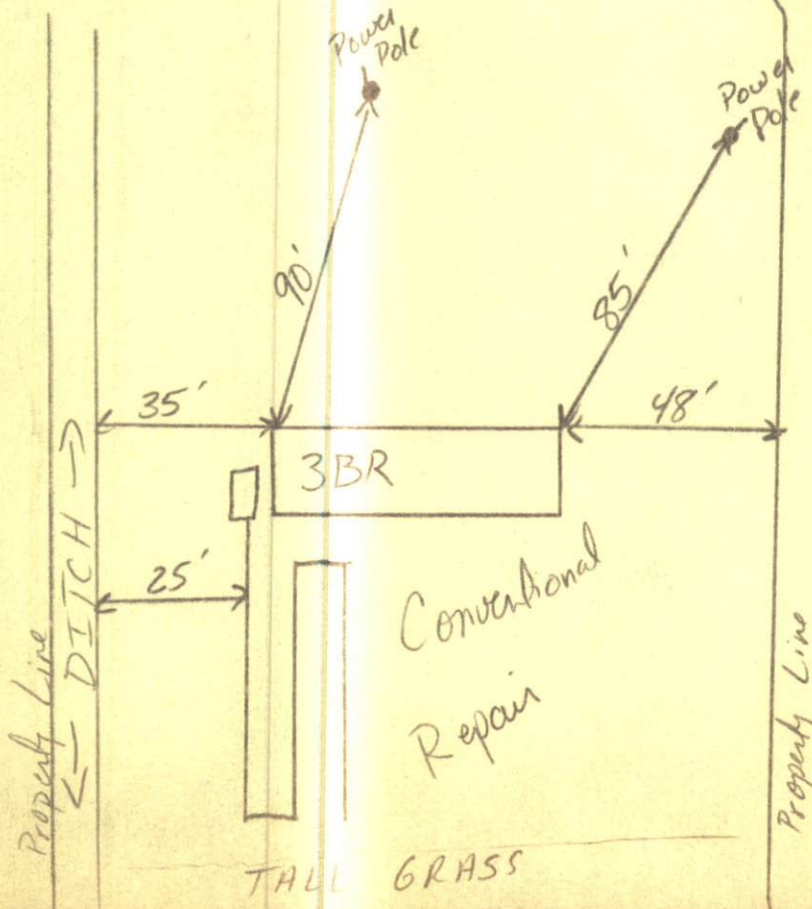
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

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

Date: 22 Dec 1999Signed: Vernon R. Dodge

Environmental Health Specialist



maintain setbacks
& markers & Alter
required.

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16664. 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: Odell Jones Telephone # 980-0444

Address: PO Box 134 (Pine St) Linden, NC

Property Location: SR # 2027 Road Name Josay Williams

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # 12

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public _____ Minimum Well Setback: 50 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 150 feet

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: Vernon R. Dodge Date: 22 Dec 1999