

HTE 04-5-8918

## IMPROVEMENT PERMIT

20768

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) Robert R + Brenda Bidwell☒ New Installation☒ Septic TankProperty Location: SR# 1542 OLD BUCKS CREEK RD☐ Repairs☒ Nitrification Line

Subdivision \_\_\_\_\_

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

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3Lot Size: 1 AcreBasement 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

No. of

exact length

width of

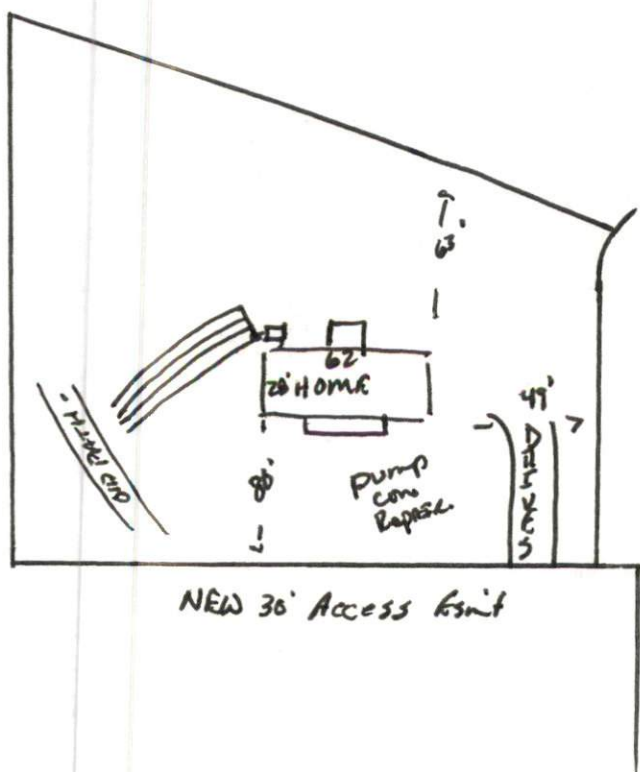
depth of

Drainage Field

ditches 4of each ditch 75 ft.ditches 3 ft.ditches 22-18 in.French Drain Required: - Linear feetDate: 3-25-04

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

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



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 # 20768. 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.*

Robert R + Brenda Bedwell  
Name

910-853-9021  
Telephone #

543 OLD BUIRS CREEK RD LELAND N.C. 27546  
Address

1542  
Property Location SR#

OLD BUIRS CREEK RD  
Road Name

Subdivision

Lot #

3  
# Bedrooms Proposed

1 ac  
Lot Size

**TYPE OF SYSTEM**

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional ☐ Other \_\_\_\_\_

☐ 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 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 22-18 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. Merchant Sr.  
Signature of Authorized Agent for Harnett County

3-25-04  
Date