

#03-5-6434

HARNETT COUNTY HEALTH DEPARTMENT

No 19892

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) Vuxamond Construction INC New Installation Septic Tank

Property Location: SR# Hwy 210 Repairs Nitrification Line

Subdivision STOCKTON Lot # 15

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .346

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other EXISTING

Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length ? width of 3 depth of EXISTING ditches ? ft. ditches 3 ft. ditches _____ in.

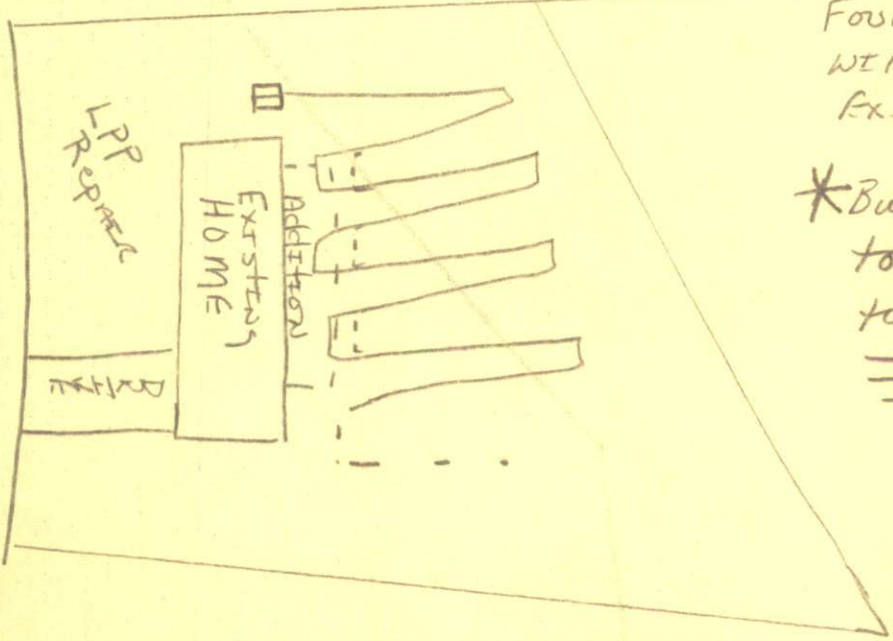
French Drain Required: _____ Linear feet

Date: 2-11-03

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

Signed: James E. Manhart Environmental Health Specialist

*Any part of Septic System that will be under Addition, is to be cut and rejoined to drain field 5' off of



Foundation: Footage Lost will be added to END OF EXISTING LINE.

*Builder and Septic Contractors to MEET ON SITE prior to ANY WORK BEING DONE.

Builder to MEET ON SITE.

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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 # 19892. 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.

VUNCANNON CONSTR INC 557-7776
Name Telephone#

101 Parker Dr F.V. N.C.
Address

210 210
Property Location SR# Road Name

STOCKTON 15 3 .346
Subdivision Lot # # Bedrooms Proposed 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 EXISTING Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches Existing 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. Manhart
Signature of Authorized Agent for Harnett County of Harnett

2-11-03
Date