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HARNETT COUNTY HEALTH DEPARTMENT

19090

IMPROVEMENT PERMIT

02-5-4082-Revision

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) Rosalva & Melquinde Landaverde ☒ New Installation ☒ Septic Tank
Property Location: SR# 1210 HOOVER ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x70) Lot Size: 1.874 Ac

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 55 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 1 of each ditch 400 ft. ditches 3 ft. ditches 18 max in.

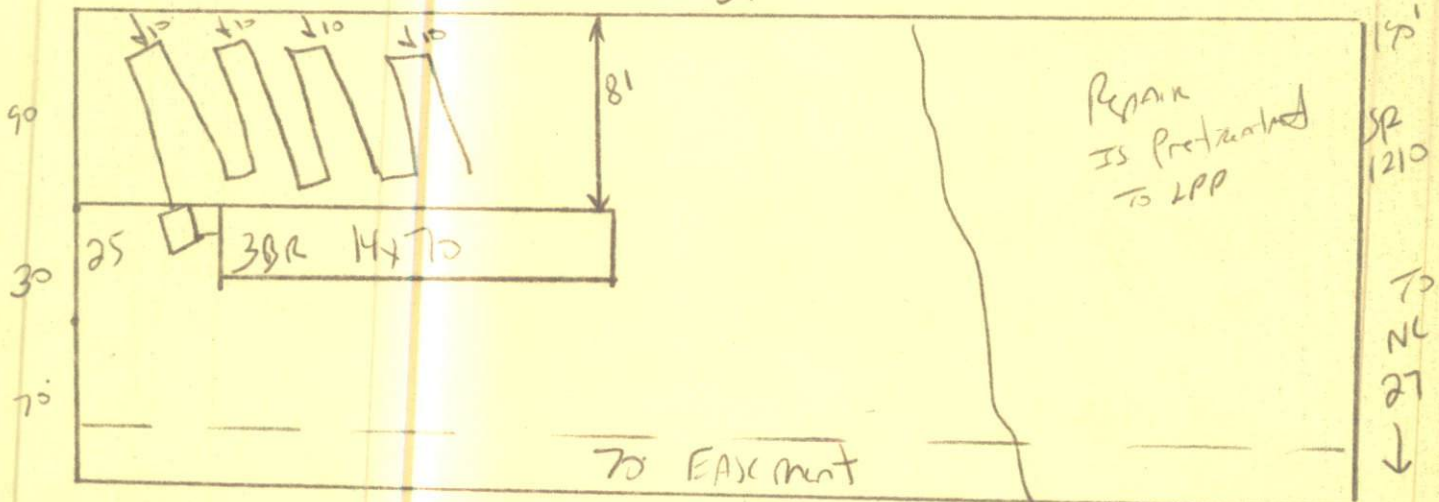
French Drain Required: _____ Linear feet

Date: 5-14-02

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

Signed: J. L. ALI
Environmental Health Specialist

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389
STUB OUT Plumber shallow 18" Ditch Depth - Follow contour
Must meet onsite - Do not drive on pack on septic system

HETT 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 # 19090. 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.*

Rosalva Landaverde
Name

499-7013
Telephone #

Address

1210

Property Location SR#

Road Name

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 - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 18-max 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.

Signature of Authorized Agent for Harnett County

Date _____