HARN COUNTY HEALTH DEPARTMI

HTE 04-5-10179

IMPROVEMENT PERMIT

20975

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) Evans - Fine Homes INC Nitrification Line Subdivision Victoria Hells Lot # 53 Ouadrant # Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 25,000 5,47 + Garage: Basement with Plumbing: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% Reduction Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: width of Subsurface No. of exact length depth of ditches 3 ft. of each ditch 80 ft. ditches 18 in. Drainage Field ditches Linear feet French Drain Required:____ Signed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.

04-5-10179

HARNETT CO TY DEPARTMENT OF PUB HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Depa authorization shall be	rtment of Public H valid for a period	lealth, Improvement Perr not to exceed five (5) ye	to the specifications described by mit # This ears from the date of issuance.
This authorization w	ill be invalid if ow	nership, site plans, or in	ntended use change.
FUANS FENE	Hone		557-1370
Name			Telephone #
F.V. W.C.	27526		55 ⁷ 2 - 137 8 Telephone #
1943			CASALSHISTOP Road Name
Troperty Location Six#			Road Name
V. H.	53	3	25000 % er + Lot Size
Subdivision	Lot#	# Bedrooms Proposed	Lot Size
TYPE OF SYSTEM			
New Installation	[] Repair [/	Septic Tank []	Nitrification Lines
[] Conventional [] Other 25% radius			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.			
Septic Tank	gal gal	Pump Chamber	gal
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields	2 # of lines	per field 4 Le	ngth of lines Ft.
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.			
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Signature of Authorized Agent for Harnett County Date			
Signature of Authorized Agent for Hamelt County			Date