HAF TT COUNTY HEALTH DEPARTN T

HTE 04-5-LO180

II.... PROVEMENT PERMIT

21234

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."

from the Harnett County Health Department."	isposit of sewage without in st obta	annig a written permit	
Name: (owner) Evans Fine Homes	New Installation	Septic Tank	
Property Location: SR# 1443 LAFAYETTE RO		Nitrification Line	
Subdivision Vicroeia Hills	Lot #	62	
Tax ID #	Quadrant #		
Number of Bedrooms Proposed: 3	Lot Size:		
Basement with Plumbing:	X		
Water Supply:	ý		
Distance From Well:ft.			
Following is the minimum specifications for sewage disp to final approval.	osal system on above captions	ed property. Subject	
Type of system: ☐ Conventional ☐ Other 25%			
Size of tank: Septic Tank: vooo gallons	Pump Tank:gallons		
Subsurface No. of exact length	width of	depth of	
Drainage Field ditches 3 of each ditch 100	ft. ditches 3 ft.	ditches 18-22 in.	
French Drain Required:Linear feet	-1-1-		
	Date: 9 2204		
This permit is subject to revocation if site plans or intended use change.	Signed: Environmental He	RS (OLIVER TOLKS DOR	
* MAINTAIN ALL SETBACKS		DRAWING	
*CALL WITH ANY QUESTIO PRIOR TO INSTALLATI	1014	NTS	
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HARNETT COUNTY DEPARTMENT OF PUT TO HEALTH AU MORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.			
EVANS FINE HOMES 552-378			
Name Telephone #			
FUQURY-VARINA NC 27526 Address			
1443 LAFAYEME RO			
Property Location SR# Road Name			
VICOTRIA HILLS 62 3			
Vicercia Hill 62 3 Subdivision Lot # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
New Installation [] Repair Septic Tank Nitrification Lines			
[] Conventional MOther 25% REDUCTION SYSTEM			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.			
Septic Tank gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length 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	F		
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.			
1000			
Signature of Authorized Agent for Harnet County			
Date			