## HARN Γ COUNTY HEALTH DEPARTM

## HTE 04-500104712

## INIPROVEMENT PERMIT

21449

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) MICHAEL ANDERSON HOMES INC New Installation & Septic Tank Property Location: SR#\_1443 LAFMETTE Repairs Repairs Nitrification Line VICTORIA HILLS Lot # 60 Subdivision Quadrant # Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 2965481 Garage: Basement with Plumbing: ☐ Well N Public Community Water Supply: Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% REDUCTION SYSTEM ☐ Conventional Type of system: Septic Tank: voo gallons Pump Tank: gallons Size of tank: width of depth of Subsurface No. of exact length ditches 3 ft. ditches 4 of each ditch 75 ft. ditches 18 Drainage Field French Drain Required: Linear feet Date: RS (OLIVER TOLKSOORF) This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist \*MAINTAIN ALL SETBACKS NYS \*CALL WITH ANY QUESTIONS 135 PRIOR TO INSTALLATION 75 60'<sub>x35'</sub> 37. 213 LPP

REPAIR ARKEA

## HARNETT CONTY DEPARTMENT OF PUB HEALTH AUTHORIZATION 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.		
MICHAEL ANDERSON HOMES		919-552-1790
		Telephone #
180 WOODLAND RIDGE DR Address	FUQUAY-VARINA NC	27526
1443 LAFAYETE RO		
Property Location SR#	R	oad Name
VICTORIA HILLS 60	3	2015484
Subdivision Lot #	# Bedrooms Proposed	Lot Size
TYPE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines		
[] Conventional NOther 25% REDUCTION SYSTEM		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: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		
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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es alloward in		
Signature of Authorized Agent for Harnett Cor	unty	1/14/05 Date