HARN 'COUNTY HEALTH DEPARTMI

HTE 05-5- 12090 IMPROVEMENT PERMIT 22013

Be it ordained by the Harnett County Board of Health as follotion of any building at which a septic tank system is to be used for dispfrom the Harnett County Health Department."	
	New Installation Septic Tank
Name: (owner) <u>James Jackson</u> Property Location: SR# 1443 Lafry ette 120	☐ Repairs
Subdivision Victoria Hills	
Tax ID #	Quadrant #
Number of Bedrooms Proposed:L	
Basement with Plumbing: Garage:	r
Water Supply:	
Distance From Well: 56' ft.	
Following is the minimum specifications for sewage dispose to final approval.	
Type of system:	to 25% Reduction Syste
	ump Tank: 1000 gallons
Subsurface No. of exact length of each ditch 240 ft.	width of ditches 3 ft. depth of ditches 20->18 in.
French Drain Required:Linear feet	
	Date: 5-17-05
This permit is subject to revocation if site L??	igned: James & Monton fores
plans or intended use change.	Environmental Health Specialist
1	* I was I was -
	Contractor to MEST
, ,,5'	ON SITE.
	* System Tuge
	And layout may OHANGE.
	And Cayout may
24	CHANGE
-27	
	.,
4	7 4
Hold DRIVE 50' Home	
FIGHT TO THES	
Tight to THES SIDE of Home.	
THE SO LPPACE	
TyleastonE DR	

05-5-12090

HARNETT C NTY DEPARTMENT OF PU [C HEALTH AU'THORIZATION TO CONST] CT

Harnett County Department of Public Health, Improvement Permit # authorization shall be valid for a period not to exceed five (5) years from This authorization will be invalid if ownership, site plans, or intended	22013 . This	
James Jackson	GIA-087 1200	
Name JACKSON	910 -89 7 - 6288 Telephone #	
Name 9076 West Broad ST DUNN N.C. Address	28334	
1943	afa cue an	
Property Location SR# Roa	d Name	
V.H. 49 3	19	
V.H. 49 3 Subdivision Lot # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [Nitrific	eation Lines	
[] Conventional [Tother Purp to 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 o	f lines ZYO 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.		
	The state of the s	
James & Manhant one	5-17-05	
Signature of Authorized Agent for Harnett County	Date	