HARTTT COUNTY HEALTH DEPARTMINE

#-06-5-14996 Nº 14333

IM-ROVEMENT PERMI'

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."		
Name: (owner) EVANS FINE Homes	New Installation	Septic Tank
Name: (owner) EVANS FINE Homes Property Location: SR#1412 Charles Lift RD	Repairs	Nitrification Line
Subdivision LAKE VIEW	Lo	t#/_
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 380 360 360 360 360 360 360 360 360 360 36	Lot Size:	
Basement with Plumbing: Garage:		
Water Supply: 🔲 Well 🔲 Public 🔲 Communi	ty	
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal final approval.		
Type of system:	Vo Reductions Syst	<u> </u>
Size of tank: Septic Tank: 1000 gallons	Pump Tank: ga	allons
Subsurface No. of exact length Drainage Field ditches 3 of each ditch	width offt. ditches3ft.	lepth of litches <u>28 </u>
French Drain Required: Linear feet		
plans or intended use change. Part 15% Part	12. C. Dwell	
SR1412 Chris	tan Light	
٠٠٠ ، ٠٠٠		

#06-5-14986

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # / 4353 . 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 FINB Homes 919-552-1378 Name Telephone #		
201 Meshywood DR F.V. N.C. 27526 Address		
Property Location SR# Christian Land Name Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [] Nitrification Lines		
[] Conventional [] Other 25% Reduction Syst		
[] 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.		
Signature of Authorized Agent for Harnett County Date		