HARNE COUNTY HEALTH DEPARTMEN

IMPROVEMENT PERMIT

№18001 01-5-1524 Rev

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."	4	
Name: (owner) Cope Fear Svilders		
Property Location: SR# 1443 Latayette RJ.	Repairs	Nitrification Lin
Subdivision Victoria Hills	Lot	# 201
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 Lot	Size:	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: 50 min ft.		
Following is the minimum specifications for sewage disposal syste final approval.	m on above captioned p	property. Subject to
Type of system: Conventional Other Other	cae Aggregate Treach	Solen I WW 195-3R
Size of tank: Septic Tank: / COO gallons Pun		
	width of de	nth of
French Drain Required: Linear feet Date:	7/17/201 Revisa	
This permit is subject to revocation if site plans or intended use change. Signed:	Rujon Missin	e.S
	Environmental Heal	in Specialist
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* Not to scale Road

AU HORIZATION TO CONSTRUCT

by Harnett County Health Department Improvement Permit # 18001 . This authorization

Authorization is hereby given to construct a wastewater system to the specifications described

01-5-1524 Rev

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. Owner or Authorized Agent Name: Cape Fear Boilding Telephone #_____ Address: 1116 Tysinger Rd. Lillington, N.C. 2754(Property Location: SR # 1443 Road Name Location New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Victoria Hills Lot # 201 Number of Bedrooms Proposed: _____ Lot size: _____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: __ 50 ft. Type of System: Conventional ____ Other Colorana Agregate Trench System www. 95-20 Tank Volume: Septic Tank /OO gallons Pump Chamber gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines 300 ft. Width of ditches _____ ft. Depth of ditches _____ l8 __ inches MAX 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. Authorized Agent for Harnett County Health Department Name: Suya M. S. Date: 7/17/2007 (Revised 2/96)cnstrct.wpd