#-01-50001556

## HARN COUNTY HEALTH DEPARTMI

No 16999

## IMPROVEMENT PERMIT

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) C+R Builder Inc New Installation Property Location: SR# 1443 LAFAYEHE 12d ☐ Repairs Nitrification Line Subdivision VIctoria HIIIs-Z Lot # 233 Quadrant # \_\_\_\_\_ Tax ID #\_\_\_\_ Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other EFF-727 LAY TWWS-95-3R Conventional Type of system: Pump Tank: \_\_\_\_\_ gallons Septic Tank: 1000 gallons Size of tank: Subsurface exact length width of depth of of each ditch 75 ft. ditches 3 ft. ditches in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. \* RUNLINES ON CONTOURS BIATRWOOD

## HARVETT COUNTY HEALTH DEPARAMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16999 . 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. Owner or Authorized Agent \_\_\_\_\_ Name: C+R Builders IX. Telephone # 919-721-0764 Address: \_\_\_\_\_ Property Location: SR # 1443 Road Name LAFAyEHE New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Victoria Hills # Lot # 233 Number of Bedrooms Proposed: 3 Lot size: 27, 763 59FT Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_ Other \_\_\_ FEE-ZZZ LAY INVS- 85-3R Tank Volume: Septic Tank (007) gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields 2 Number of Lines per Field 4 Length of lines 75 Width of ditches 3 ft. Depth of ditches 18-27 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. **Authorized Agent for Harnett County Health Department** Name: James Manhan facus. Date: 4-12-01 (Revised 2/96) CNSTRCT.WPD