01-5-1897

Nº17981

IMPROVEMENT PERMIT		
Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for dispos from the Harnett County Health Department."	al of sewage without first o	btaining a written permi
Name: (owner) J. M. Conts	New Installation	☑ Septic Tank
Name: (owner) J. M. Couts Property Location: SR# 1443 Latayett Rd.	☐ Repairs	Nitrification Line
Subdivision Victoria Hills	Lot #_ 21	
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot	Size: 1.24 Ac	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systemal approval.	em on above captioned p	property. Subject to
Type of system:		
Size of tank: Septic Tank: 1000 gallons Pur	np Tank: gal	lons
Subsurface No. of exact length of each ditch 80 ft.	width of de ditches ft. di	epth of tches /2 in MAX
French Drain Required: Linear feet  Date:	5/9/201	bin of cover
This permit is subject to revocation if site  Signed:	11	R.S
plans or intended use change.	Environmental Heal	th Specialist
* Maintain all setbacks		
* Run ditches on contour		
+ NO DEEPER than 12 inches		
t binches of cover must be placed over system		
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## H VETT COUNTY HEALTH DEPA MENT AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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: J. M. Coats Telephone # 362-7821 Address: 7200 Hinsley Rd. NewHill, W.C. 27562 Property Location: SR # /447 Road Name Lafu, ette New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Victoria Hills Lot# 21 Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft\_ Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank /OUU gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_/ Number of Lines per Field \_\_ 5 Length of lines \_\_ 80 ft. Width of ditches \_\_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ inches MAX locates of core required 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: Dun Mc ... Date: 5/9/2001 (Revised 2/96) CNSTRCT. WPD