HARNE—COUNTY HEALTH DEPARTMENT 19

Nº 18470

## 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)	nom the Harnett County Health Department."	/
Property Location: SR# 1943 Locate	Name: (owner) A. L. Champion	New Installation Septic Tank
Tax ID # Quadrant # Number of Bedrooms Proposed:	Property Location: SR# 1443 Labout HE	Repairs Nitrification Line
Tax ID # Quadrant # Number of Bedrooms Proposed:	Subdivision_VICtoria Halls II	Lot #_ 225
Number of Bedrooms Proposed:  Basement with Plumbing:  Garage:  Water Supply:  Well Public Community  Distance From Well:  ft.  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional  Other  Size of tank:  Septic Tank:  Subsurface  No. of exact length width of depth of depth of ditches ft. ditche	Tax ID #	Quadrant #
Basement with Plumbing:  Water Supply:  Well Public   Community    Distance From Well:  ft.  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional   Other    Size of tank: Septic Tank: 1000 gallons   Pump Tank: gallons    Subsurface   No. of   3   exact length    Drainage Field   ditches   ditches   of each ditch    French Drain Required:   Linear feet    This permit is subject to revocation if site plans or intended use change.  Date:   7-17-0    This permit is subject to revocation if site plans or intended use change.  Date:   Signed:   Other    Sign	Number of Bedrooms Proposed:	Lot Size: 61,457 55 F
Distance From Well:  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional  Other  Size of tank:  Septic Tank:  OO gallons  Pump Tank:  gallons  Subsurface  No. of sexact length of each ditch sexact length of each ditches for eac	To the second se	
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: Conventional Other gallons  Size of tank: Septic Tank: Oo gallons Pump Tank: gallons  Subsurface No. of exact length of each ditches fit.	Water Supply: Well Public Community	y
Type of system: Conventional Other		
Size of tank:  Septic Tank: 1000 gallons  Pump Tank:	final approval.	
Subsurface Drainage Field  No. of ditches 3 exact length of each ditch 115 ft. ditches 3 ft. depth of work ditches 16-18 in.  French Drain Required:  Linear feet  Date:  This permit is subject to revocation if site plans or intended use change.  Date:  Signed:  The properties of the plant of the properties of the plant of the pl	The state of the s	
This permit is subject to revocation if site plans or intended use change.  Date: 7-17-01  Signed: 20mos & Manhaut 2005  Environmental Health Specialist  * Maintain all setbacks  * If Plunking Is NOT  STUBBED OUT ON FAI Regard  Pump will Be Required.  * Some fill May Be NEEDED  * to Cover Dream Lines.  * Contradion to MEET ON SITE  Puon to FNStmllation.		
Date: 7-17-01  Signed:		ft. ditches $\frac{3}{}$ ft. ditches $\frac{16-18}{}$ in.
Proposed to cover to meet on SITE prior to Fastmilation.	French Drain Required: Linear feet	
	Part on Part 177 on Control on Co	* Maintain all setbacks  * Maintain all setbacks  * If Plumbing IS NOT  STUBBED OUT ON FAIR Right  SIDE And High ENOUGH  Pump will Be Regnisol.  * Some fill May Be NEEDED  to cover DRAINLING.  * Contractor to MGET ON SITE  Prion to FNStmllation.

## AU HORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # \_\_\_\_\_\_\_\_, 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.

will be invalid it ovinciship, site plans, or interiord use change.	
Owner or Authorized Agent	
Name: A.L. Champion Telephone # 639-3020	
Address: 88 Colby LN Angien N.C. 27561	
Property Location: SR # 1443 Road Name LAfry Effe	
New Installation Repair Septic Tank Nitrification Lines	
Subdivision VI Ctoria HIIIS II Lot # 225	
Number of Bedrooms Proposed: 3 Lot size: 61,457 55 FT	
Basement With Plumbing Without Plumbing	
Water Supply: Well Public Minimum Well Setback: 100' ft.	
Type of System: Conventional Other	
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons	
Nitrification Field Specifications	
Number of fields _2 Number of Lines per Field _3 Length of lines _1/5	
Width of ditches $3$ ft. Depth of ditches $16-18$ 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	
Revised 2/96) CNSTRCT. WPD	