02-5-4150

HAI TT COUNTY HEALTH DEPART!

IT

Nº 19137

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."

from the Harnett County Health Department."	\d \d
Name: (owner) A.L. CHAMPION	
Property Location: SR# 1443 LAFAYEME	Repairs Nitrification Line
Subdivision VICTORIA HILLS III	
Tax ID #	Quadrant #
Number of Bedrooms Proposed:3	Lot Size: 25005f+2
Basement with Plumbing: Gara	ge:
Water Supply: Well Public Com	munity
Distance From Well: ft.	
Following is the minimum specifications for sewage dis	
Type of system:	PUMP TO CONV. (SAPROLITE)
	Pump Tank: 1000 gallons
Subsurface No. of exact length of each ditch	width of depth of ft. ditches 3 ft. ditches 3 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change.	Environmental Health Specialist
* MAINTAIN ALL SETBACKS	
* MEET ON SITE FOR FINAL	LAP REP.
LAYOUT	LPP \
* IF FALL CAN BE MAINTAINED	REP.
OMITIED DAY BE	59' 148' \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2	59' 148' 344
	-19- 48 × 15
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HA TT COUNTY HEALTH DEPARTMEN **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wasteward Harnett County Health Department, Improvement Perauthorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site plan	ermit # 19137 five (5) years from the	. This date of issuance.	
Name	914-639-3020		
12.47 (2000) - 1	914-639-3020 Telephone #		
88 COLBY LN ANGIER NC	77.60		
Address	21301		
1443 LAFAYETTE RO Property Location SR#			
	Road Name		
VICTORIA HILLS III 107 Subdivision Lot#	3	32002t13	
Subdivision Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM			
New Installation [] Repair [Septic Tank Nitrificiation Lines			
[] Conventional Other Pume To Conv. [] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public - Minimum Well Setback: _\0_\Ft. Septic Tank _\0\0\0\Pump Chamber _\0\0\0\ NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditches 3 ft. Depth of ditches 38 inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or p	laced into use by any	y 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	5/7/02 Date		

Date