ENT

Nº 19139

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."

	nty Health Department."				
Name: (owner) A. L. CHAMPION					
Property Location:	SR#1443 LAF	AYETTE RO	☐ Repairs)Q1	Nitrification Lin
- 12			e fig		
Subdivision	TORIA HILLS I			Lot #	80
Tax ID #			Quadrant #	+	
Number of Bedroor	ns Proposed:	Lo	ot Size: 25	7295+2	
Basement with Plur	mbing:	Garage:			
	Well Public				
Distance From Well	l: ft.				
Following is the min	imum specifications for	sewage disposal syst	tem on above ca	ptioned prope	erty. Subject to
final approval.					
	Conventional				ROLITE)
Size of tank:	1		-		
Subsurface Drainage Field	No. of exa	ct length each ditch 75 ft	width of ditches 3	depth o	of 38 in.
French Drain Requi	red:		1 ,		
		Date: _5	13/09	11	
plans or intended in	ject to revocation if sit	e Signed: _	Mr /c	tolethe	
plans of intended (use change.		Environmen	ntal Health Sp	
* MAIN	UTAIN ALL SETBACK	5	78		DRAWING
* QUN	LINES ON CONTO	o a			ND
* MEE	T ON SITE FOR	.	1,11		
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* 1F 6	PROPER FALL CAN	BF 140+	5AR. \\		
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HAI TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19139. 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.						
Name R.Z. CHAMPION	919	919-639-3020				
	Tele	ephone #				
88 COLBY LN ANGIER NC	27501					
Address						
1443 LAFAYETTE RD Property Location SR#	Roa	nd Name				
1 1 1	,) [] 2 [] 2				
Subdivision Lot #	# Bedrooms Proposed	45 12747 Lot size				
TYPE OF SYSTEM New Installation [] Repair Septic Tank Nitrificiation Lines						
[] Conventional Other Pump To Conv. [] Basement [] With Plumbing [] Without Plumbing (SAPROLITE)						
Water Supply: [] Well Public - Minimum Well Setback: 100 Ft. Septic Tank 1000 Pump Chamber 1000 NITRIFICATION FIELD SPECIFICATIONS						
Number of fields # of lines per field 4 Length of lines 75 Ft.						
Width of ditches ft. Depth of ditches 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.						
Signature of Authorized Agent for Harnest County	5/7/02 Date					