RNETT COUNTY HEALTH DEPA

MENT

Nº 17695

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." Septic Tank New Installation Name: (owner) _ JAMSS Property Location: SR# ☐ Repairs ■ Nitrification Line Subdivision Victoria Hille ____ Lot # 00 Quadrant #_____ Tax ID #____ Number of Bedrooms Proposed: _ Lot Size: Basement with Plumbing: Garage: Public Water Supply: ☐ Well Community Some ft Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Size of tank: Septic Tank: /000 gallons Pump Tank: _____ gallons Subsurface exact length width of depth of of each ditch _/00 ft. ditches _ 3 Drainage Field ditches _ft. ditches__ French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain all set bucks x Runditches on contour + NO DEEPER than 18 inches 224 Howe 46 K70 38-42 رن

ARNETT COUNTY HEALTH DEPART IT AUTHORIZATION TO CONSTAUCT

	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.				
	JAMES COLV 919362-782				
	Name	Telephone #			
ON	Address Rd. New Hill N.C. 2	35(2			
	1442	1. Fa. 4			
	Property Location SR#		Road Name		
	Victoriallille Phase 3	3	3		
	Subdivision Lo	ot##B	edrooms Proposed	Lot size	
	TYP	E OF SYSTEM	<u>1</u>		
	New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional Other				
	NITRIFICATION FIELD SPECIFICATIONS				
	Number of fields				
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.					
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	Signature of Authorized Agent for Harnett County	4/3/20	∞2_ Date		