

02-5-4452

HARRI T COUNTY HEALTH DEPARTM

No 19142

IMPROVEMENT PERMI

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) ROGER EDWARDS New Installation Septic Tank
Property Location: SR# 1443 LAFAYETTE RD Repairs Nitrification Line

Subdivision VICTORIA HILLS III Lot # 91

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 27,365 ft²

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 exact length width of depth of
Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 18 in.

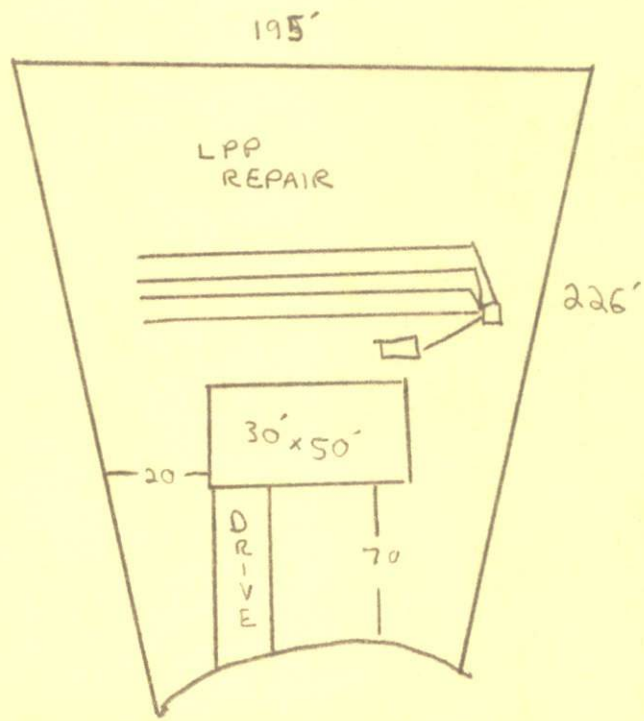
French Drain Required: _____ Linear feet

Date: 5/10/02

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT 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 # 19142. 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.*

ROGER EDWARDS 919-665-5353
Name Telephone #
1879 GOAT ISLAND RD SUMMERTON SC 29148
Address
1443 LAFAYETTE RD
Property Location SR# Road Name
VICTORIA HILLS III 91 3
Subdivision Lot # # Bedrooms Proposed Lot size


TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.
Width of ditches 3 ft. Depth of ditches 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.

 5/10/02
Signature of Authorized Agent for Harnett County Date