03-5-5049

HARNETT COUNTY HEALTH DEPARTMENT

Nº 13895

ROVEMENT 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." New Installation Septic Tank Name: (owner) hafayette Rd. Repairs SR# Property Location: Nitrification Line Subdivision Victoria 11:11 Lot # /63 Tax ID #_ _____ Ouadrant # _____ Number of Bedrooms Proposed: _ ____ Lot Size:__ Basement with Plumbing: Garage: Water Supply: Public Public ☐ Well ☐ 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_ * If needed Septic Tank: 1000 gallons Size of tank: Pump Tank: /coo _ gallons Subsurface No. of exact length width of depth of of each ditch 100 ft. ditches 3 _ft. ditches #-24 in. Drainage Field ditches French Drain Required: _____ Linear feet Date: _ This permit is subject to revocation if site Signed: _ plans or intended use change. Environmental Health Specialist * Maintain all set becks * Run ditches on contour HIF full cannot be achived repris + ditch deaths maintained pour will be required 2681 273 65 x 38 1B-50

Rd.

IT COUNTY HEALTH DEPARTMENT HA AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #	
$\Omega \sim 1/1$	
None boldey	893-487
Name	Telephone #
Name 1.0. Box 577 Lillington, N.C. 2784 Address	(
1447	1.4 11
/ 443 Property Location SR#	Road Name
V	2
Subdivision Lot #	# Pode and December 1
Lot#	# Bedrooms Proposed Lot size
TYPE OF SYSTEM [New Installation [] Repair [] Septic Tank [] Nitrificiation Lines [] Conventional Other [] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public - Minimum Well Setback: Ft. Septic Tank Pump Chamber foo_g_l .faced_e	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field	Length of lines/56 Ft.
Width of ditches ft. Depth of ditches fs. 2 \(\frac{18.2 \tau}{2} \) 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 Harnett County	8/4/2002 Date