HARN COUNTY HEALTH DEPARTMENT HOLES 5050

№ 13929

IM. ROVEMENT PERMI

tion of any building at which a septic tank system is to be used for dispose from the Harnett County Health Department."	ection III, Item B. "No Person shall begin construc al of sewage without first obtaining a written permi
Name: (owner) Moss Homeburklens	New Installation Septic Tank
Property Location: SR# Lafnge He Rd	Repairs Nitrification Line
Subdivision VICTORIA HIlls	Lot #_ 71 7
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	Size:
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal syste final approval.	
Type of system:	2000 tub to (or)
Size of tank: Septic Tank: 1000 gallons Pun	
Subsurface No. of exact length of each ditch	width of depth of ditches 3 ft. ditches 24 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change. Date: Signed:	7-12-02 James C Mawhantee RS. Environmental Health Specialist
40	
	IMMONATEUR P
50×53	+ 158 82; - 3 4 FEB 82; - 3
HOME	5

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 # 13929

This authorization will be invalid if ownership, site plan			
Mass Home builders	910-	853-4875	
Name	Telephone	:#	
Moss Home horldens Name 1.0. Box 577 Utllengen Address	N.C. 7754	6	
Address			
	Inf my.	SHIS	
Property Location SR#	Road Nam	e	
V. H. 71	3		
Subdivision Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SY [] New Installation [] Repair [] Septic Tank [] Ni [] Conventional Other [] Basement	trificiation Lines	thout Plumbing	
Water Supply: [] Well [] Public - Minimum Well Set Septic Tank // Pump Ch NITRIFICATION FIELD S	SPECIFICATIONS		
Number of fields # of lines per field #	Length of lines <u>SO</u>	Ft.	
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or prinspection by the Harnett County Health Dephas been installed according to the conditions valid Operations Permit	eartment has determine s of the Improvement	ed that the system	
Signature of Authorized Agent for Harnett County	8-19-02 7-19-07 Date		

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 # 13929 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		
Mass Home bueldons	910-853-4875	
Name	Telephone #	
P.O. BOX 577 Willand	910-893-4875 Telephone # 775-46	
Address 8		
	Los stiff	
Property Location SR#	Road Name	
V. H. 71	?	
V. H. 7/ Subdivision Lot #	# Bedrooms Proposed Lot size	
TVPF O	F SYSTEM	
[*] New Installation [] Repair [Septic Tank [] Nitrificiation Lines		
,		
[Conventional Other []Base	ement []With Plumbing [] Without Plumbing	
Water Supply [] Well [] Public Minimum Wel	Il Sothook: Et	
Water Supply: [] Well [] Public - Minimum Wel Septic Tank Pump	n Chamber 1077	
Septie Tank 700 Tum	o Chamber	
NITRIFICATION FIL	ELD SPECIFICATIONS	
Number of fields $2 \# 0$ flines per field $4 \# 0$	Length of lines S() Ft.	
3	y	
Width of ditches 3 ft. Depth of ditches 2	inches	
French Drain: Linear feet required Depth	h of gravel	
No wastewater system shall be covered	or placed into use by any person until an	
the state of the s	Department has determined that the system	
	tions of the Improvement Permit and that a	
	ermit has been issued.	
valid Optianolis i t	ALLIA AMO DECH IDOUEU	

7-12-07 Date Signature of Authorized Agent for Harnett County