HARNETT COUNTY HEALTH DEPARTMENT

Nº 13946

IM OVEMENT PERMI

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion 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) Jany Hughes New Installation Septic Tank
Property Location: SR# 1443 Lafayette Rd Repairs Nitrification Line
Subdivision VIC HILLS W Lot # 87
Tax ID # Quadrant #
Number of Bedrooms Proposed: Lot Size:
Basement with Plumbing: Garage:
Water Supply: Well Public 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
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 5 of each ditch 20 ft. ditches 3 ft. ditches 18.70 in.
French Drain Required: Linear feet
This permit is subject to revocation if site Date: $8-8-02$
This permit is subject to revocation if site plans or intended use change. Signed: Signed: Environmental Health Specialist
Environmental Health Specialist
M. HOWE
是是一个 !

T COUNTY HEALTH DEPARTMENT **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the Harnett County Health Department, Improvement Permit # /390 authorization shall be valid for a period not to exceed five (5) years from	. This	by	
This authorization will be invalid if ownership, site plans, or intended us			
Gaz. Unber	010-115 (716		
Dary Highes	Telephone #		
Name / // 3055 OIDBUTES CHEEK RD Angien N. Address	C		
Address Address	77501		
Property Location SR#	Road Name		
Victoria /fi//S II 87 3 Subdivision Lot # # Bedrooms Prop	osed Lot size		
v = connection; = ▲			
TYPE OF SYSTEM [] New Installation [] Repair [] Septic Tank [] Nitrificiation Lines			
[] Conventional Other []Basement []With Plumbi	ng[] Without Plumbing		
Water Supply: [] Well [] Public - Minimum Well Setback: 5'0' Ft. Septic Tank 1000 Pump Chamber			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines 80 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 inspection by the Harnett County Health Department has d has been installed according to the conditions of the Improvalid Operations Permit has been issued.	etermined that the sy vement Permit and th	stem	
Signature of Authorized Agent for Harnett County Date	-8-02		