03=5-5434

HARNETT COUNTY HEALTH DEPARTMENT

No19731

ROVEMENT PERM.

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) Amanda Thanking SR#__/443 Lating othe Rel _ Repairs Property Location: Nitrification Line Subdivision Victoria H. Lot # 0/ Quadrant # Tax ID #_ Number of Bedrooms Proposed: ______ Lot Size: 75,801ff. Basement with Plumbing: Garage: Water Supply: Public ☐ Well ☐ Community 50 in - ft Distance From Well: 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 exact length width of depth of of each ditch /00 ft. ditches 3 ft. ditches // in MAX Drainage Field 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 backs * Run ditches on contour & NO DEEPER than 18 inches 429 6/27/2003 Hoose 3A+ 1 SSXIS

* Not to Scale

114

Road

HARN 'COUNTY HEALTH DEPARTM F AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
Name Telephone#
Amanda Tompkins Name 6808 Steven Oaks Dr. Garner N. (. 27529 Address
Property Location SR# Road Name
Vista : 11:11 c 21 2
V: Joria Hills Subdivision
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 56 Ft.
Septic Tank Pump Chamber
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines foo Ft.
Width of ditches ft. Depth of ditches /8 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 A control for Homest Courts of Ho
Signature of Authorized Agent for Harnett County of Harnett Date