03-5-5527

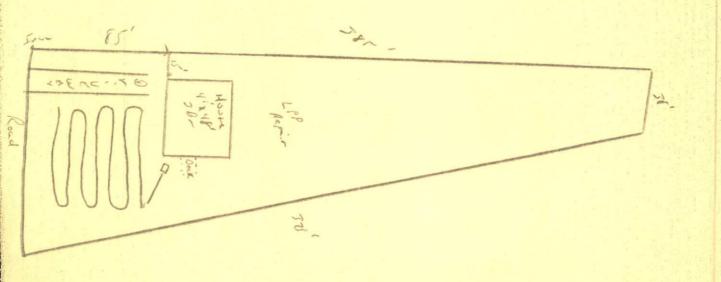
HARNET COUNTY HEALTH DEPARTMENT

Nº19732

IMPOVEMENT 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."

from the Harnett County Health Department."		
Name: (owner) Evens Fine House		☐ Septic Tank
Property Location: SR# 1443 Lafage Held.	Repairs	☐ Nitrification Line
Subdivision Victoria Hills	Lor	t# <i>88</i>
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	Lot Size:	
Basement with Plumbing: Garag	e: 📮	
Water Supply: Well Public Comm	nunity	
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		- Musel
Size of tank: Septic Tank: gallons	Pump Tank: ga	illons
Subsurface No. of exact length of each ditch	width of ditches 7 ft. d	lepth of litches 18-24 in.
French Drain Required: Linear feet	/ /	
	ate: 1/10/2003	
This permit is subject to revocation if site	gned: Min	R.J.
plans or intended use change.	Environmental Hea	alth Specialist



HARN... I 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 # 17732 . 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. Evens Fine Homes 918 552-1378 Telephone# Address # 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 Water Supply Minimum Well Setback: ______Ft. Septic Tank /000 gel Pump Chamber **NITIRFICATION FIELD SPECIFICATIONS** Number of fields _____ # of lines per field _____ Length of lines _____ 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 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. 1/10/2003