#03-5-5900

HARNI COUNTY HEALTH DEPARTME

× № 15547

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: So tion of any building at which a septic tank system is to be used for disposa from the Harnett County Health Department."	al of sewage without first o	btaining a written permit
Name: (owner) Lary Hughes	☑ New Installation	☑ Septic Tank
Property Location: SR# 1443 Lafaye HE	Repairs	☐ Nitrification Line
Subdivision VICTORIA HILLS Tax ID #	Lot	#_90
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: Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons Pun		
Subsurface No. of exact length of each ditch of each ditch ft.		
French Drain Required: Linear feet		
This permit is subject to revocation if site plans or intended use change. Signed:	Environmental Hea	Ith Specialist
HOME LAPPOINT 15:>	1. Con page	
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HAI T COUNTY HEALTH DEPARTMENT AUT... RIZATION TO CONSTRUC.

Authorization is hereby given to construct a wastewa Harnett County Health Department, Improvement Pauthorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site plan	ermit # <u>/5597</u> five (5) years from the date	. This	
Dary Hughes	1-99-632-6594 Telephone#		
Name 3055 DID BULLS CREEK P. Address	D Angier N.C.	. Z7501	
	Lafay HAG		
Property Location SR#	Road Name		
Vict Itilly Pury 90 Subdivision 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			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields 2 # of lines per field 4 Length of lines 90 Ft.			
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or inspection by the Harnett County Health De has been installed according to the condition valid Operations Perm	partment has determined as of the Improvement Pe	that the system	
Signature of Authorized Agent for Harnett County	2 //-/8-02 Date		