HA

IMPROVEMENT PERMIT

Nº 19208 03-5-6137

tion of any building at which a septic tank system is to be used for dispo from the Harnett County Health Department."	sal of sewage without first	erson shall begin construc- obtaining a written permit
Name: (owner) Chris & Apr. Chambers	New Installation	Septic Tank
Property Location: SR# \\25	Repairs	Nitrification Line
Subdivision Sector Hills Set.	Lo	t# 798 Combined
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(50 x 50) Lo	t Size: 2.06 Ac	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syst final approval.	em on above captioned	property. Subject to
Type of system: Conventional Other	p to Conventi	SNA
Size of tank: Septic Tank: Oo gallons Pu	mp Tank: /000 ga	allons
Subsurface No. of exact length of each ditch of each ditch	width of ditches ft.	lepth of /8 in.
French Drain Required: Linear feet	1 -0	
Date:	11-09-03	
This permit is subject to revocation if site plans or intended use change. Signed:	an har	J
360'	Environmental Hea	alth Specialist
	17.1	648
Dave	105' 1	
11 6 00 NE	U	126
200'		Mar 1123
3BR MH		1 1 2
	F _/	
		bt7
		125
		13
		Pio
360		112
Met onsite		
Maintain All Set Backs		
DO not PRIVE DRINAR ON SEPTIC SA	th	
10 110 1/RIVE DRITARK UN SGITTE SA		

HARNETT COUNTY HEALTH DEPARTMENT AU' DRIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19208. 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.		
Chris f April Chambres 488-2272 Name Telephone #		
Name Telephone #		
Address		
Property Location SR# Road Name		
Property Location SR# Scatter H. Sect. 18 (constant 3(55×50) 2.06AC Subdivision Lot # # Bedrooms Proposed Lot size		
Lot # # Bedrooms Proposed Lot size		
TYPE OF SYSTEM		
[] New Installation [] Repair [X] Septic Tank [Nitrificiation Lines [] Conventional Other Virginia Convertional [] With Plumbing [] Without Plumbing		
[] Conventional Other Vunt to Conv. []Basement []With Plumbing [] Without Plumbing		
Water Supply: [] Well Public - Minimum Well Setback: Ft. Septic Tank Pump Chamber 1991		
NITRIFICATION FIELD SPECIFICATIONS		
7		
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.		
() L/M) 100000 01.09.03		
Signature of Authorized Agent for Harnett County Date		