#03-5-6599 REV

HARNTOT COUNTY HEALTH DEPARTMI

IM. ROVEMENT PERMIT

Nº19968

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." Name: (owner) Michael Andenson New Installation Septic Tank SR# 1443 Kafanfte Property Location: ☐ Repairs Nitrification Line Subdivision VEctoria Hills Z _____ Lot #___/04 Quadrant # Tax ID #____ _____ Lot Size: 27.118 84 FT Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community 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 Pump Tank: _____ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of of each ditch 100 ft. ditches 3 ft. ditches 24-30 in. 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 (3

HARN COUNTY HEALTH DEPARTN T AUT DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19968. This authorization shall be valid for a point of the specific at the system.
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.
Michael Anderson 919-552-1790 Name Telephone# Address F.V. N.C. 27526
Address Wood for Page Dawe F.V. N.C. 27526
1993 Property Location SR# Lafaye He
Road Name
Property Location SR# V. H. 104 3 27.000 EFF Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other Sapro
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 501 Ft.
Septic Tank 1000 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields 2 # of lines per field 4 Length of lines 100 Ft.
Width of ditches 3 ft. Depth of ditches 24-30 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 Agent for Harnett County of Harnett Date
Date