## HARI T COUNTY HEALTH DEPARTM

Nº19998

## IMPROVEMENT PERMII

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) EVANS FINE Homes INC	New Installation	Septic Tank
Property Location: SR# 1443 Lafayette	Repairs	Nitrification Line
Subdivision Vactoria Hills 1743	Lot #	
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	Lot Size: / acce	
Basement with Plumbing: Garage:		
Water Supply: Well Public Communi	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal final approval.		
<del>-</del>		
Size of tank: Septic Tank: 1000 gallons		
Subsurface No. of exact length of each ditch of each ditch	width of de ft. ditchesft. di	epth of itches 18-24 in.
French Drain Required: Linear feet		
This permit is subject to revocation if site plans or intended use change.  Signed	* IFNO	Ith Specialist  Coved  T SHOW  SO MIN
TEN TON CONTO	W. Company	

\$03-5-7063

## HARN L. I COUNTY HEALTH DEPARTM L. I AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1998 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. Name

Telephone#

201 Mesh wood W F. V. N. C. 27576

Address

1943

Property Location SR#

Road Name

V: ctoria Hells

Subdivision

Lot # 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 1000 gd Pump Chamber god NITIRFICATION FIELD SPECIFICATIONS Number of fields 2 # of lines per field 3 Length of lines 100 Ft. Width of ditches \_\_\_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_\_\_ fr. Depth of ditches \_\_\_\_\_\_\_\_ fr. 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 5-21-03 Date