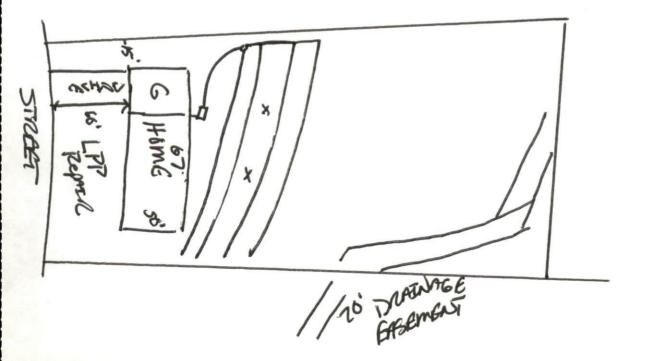
## HARNETT COUNTY HEALTH DEPARTM

Nº 19305

## IN. ROVEMENT PERMI

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 Anderson Homes La New Installation Septic Tank Property Location: SR# 1443 Lasayetts 

Repairs Nitrification Line Subdivision VEC HE/15 Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: \_\_\_\_\_58' Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other\_ Septic Tank: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: Subsurface No. of exact length width of depth of ft. depth of ft. ditches 18 in. ditches Drainage Field French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change.



## HARI T COUNTY HEALTH DEPART. IT AU ORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #	9305 . This om the date of issuance
	-
Michael Anderson  Name  180 Woodland RidgE DR F.V. N.C. 774  Address	576
Property Location SD#	LAFANGHE
11operty Location Sk#	Road Name
Vic Italis 197 3 Subdivision Lot # Bedrooms Proposed	41,673000
Subdivision Lot # # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification	on Lines
[ ] Conventional [ ] Other	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback:Ft.	
Septic Tank 1060 gd Pump Chamber_	901
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields Z # of lines per field <b>34</b> Length of l	ines So 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.	
Signature of Authorized Agent for Harnett County of Harnett	7-10-03 Date