ARI I COUNTY HEALTH DEPARTM

20244

HTE 03-5-7203

IMPROVEMENT PERMIT

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." New Installation Septic Tank Name: (owner) A. L. CHAMBION Property Location: SR# 1443 LAFAYETTE RO ☐ Repairs Nitrification Line VICTORIA Lot # 114 Subdivision Tax ID# Quadrant # 25.00592 Number of Bedrooms Proposed: Lot Size: Basement with Plumbing: Garage: M Public Water Supply: ☐ Well ☐ Community Distance From Well:______100 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. A Other Pume To CONVENTIONAL Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 5 of each ditch 80 ft. ditches 3 ditches 24 in. ft. French Drain Required: Linear feet Date: This permit is subject to revocation if site RS (OLIVER TOLKSOOR Signed: plans or intended use change. Environmental Health Specialist DRAWING MIS * MAINTAIN ALL SETBOCKS 113 * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION PUMP TO 25% RED. REPAIR 279' 65'x 32' DR-Y 65

TYLERSTONE DR

HA TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 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.				
A.L. CHAMPION		919-63	39-3020	
Name		Telephone #		
Address LN ANGIER		3)		
Property Location SR#	3	D 133		
Property Location SR#		Road N	ame	
VICTORIA HILLS Subdivision	114	3	25005642	
Subdivision	Lot#	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
New Installation [] Repair Septic Tank Nitrificiation Lines				
[] Conventional Other Pure To Conv. [] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback: \(\frac{\lambda \circ}{\sqrt{0}\circ} \) Ft. Septic Tank \(\lambda \circ \cir \cir				
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.				
Signature of Authorized Agent for Harnett Cour	RS nty	10 24 03 Date		