

HARTETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

20322

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) FRANKIE + DARLENE HOBSON New Installation Septic Tank
Property Location: SR# 1440 CATYKETTE RD Repairs Nitrification Line

Subdivision Victoria Hills II Lot # 175

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 3 Lot Size: 2 ACRES

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 5 of each ditch 80 ft. ditches 3 ft. ditches 20"-18" in.

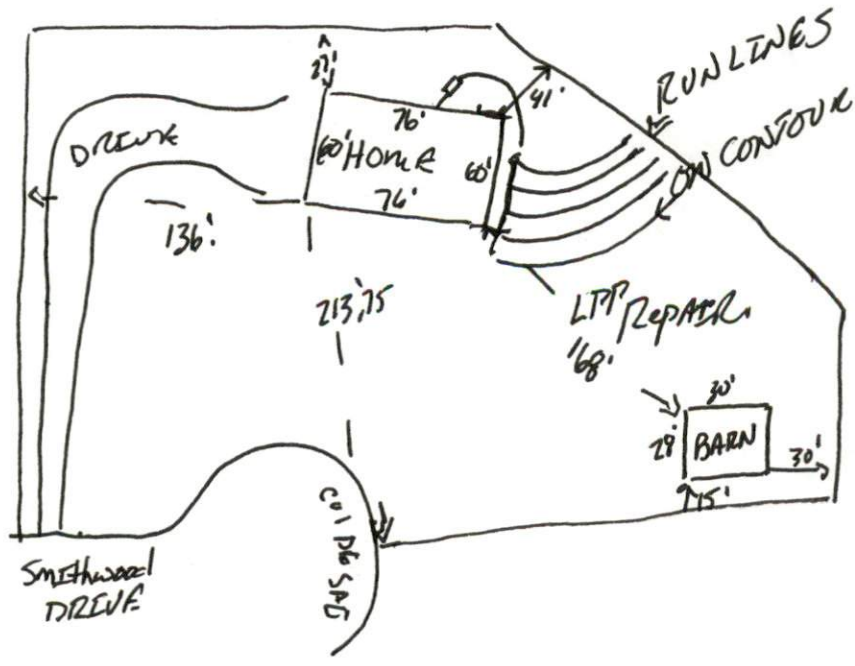
French Drain Required: - Linear feet

Date: 12-3-03

This permit is subject to revocation if site plans or intended use change.

Signed: James S. Marshall
Environmental Health Specialist

HOME + BARN Included ON SAME PERMIT.



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

03-5-8264
03-5-8266

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20322. 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.

Name FRANKIE + Darlene Hobson Telephone# 919-655-6598

Address P.O. BOX 40 Angier N.C. 27501

Property Location SR# 1440 Road Name Lafayette Victoria Road II

Subdivision Vic Hills II Lot # 175 # Bedrooms Proposed 3 Lot Size 2 acre

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 1200 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 20 → 18 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.

James E. Mansueti
Signature of Authorized Agent for Harnett County of Harnett

17-3-03
Date