HAR T COUNTY HEALTH DEPARTM

HTE 03-5-8389-1

IMPROVEMENT PERMIT

21109

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) JAMES JACKSEN New Installation Septic Tank
Property Location: SR# 1443 Lafayette Rd. Repairs Nitrification Nitrification Line Subdivision Victor 11:115 _____ Lot # ____/73 _____ Quadrant # _____ Lot Size: _____ . 6 7 A c Tax ID# Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: 50in - ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other Size of tank: Septic Tank: /000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of / of each ditch 400 ft. Drainage Field ditches ditches 3 ft. ditches 18-24 in. French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: / plans or intended use change. Environmental Health Specialist 100 * Maintain all set backs + Runditches on contour * Step downs may be needed 275 275

HARN__ I 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 # 21109. 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 Tames Jackson 892- 1288 Telephone#
436 Ock Valley Form Rd. Conts, N. (.27521 Address
1443
Property Location SR# Road Name
Victoria Hills 173
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: 50 Ft.
Septic Tank 000 gd Pump Chamber gd
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field / Length of lines /60 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 an a
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 system has been installed according to
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
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Signature of Authorized Agent for Harnett County of Harnett
Date