HAR! T COUNTY HEALTH DEPARTM

HTE 04-5-8603

IMPROVEMENT PERMIT

20605

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 INC New Installation & Septic Tank Nitrification Line Subdivision Victoria Hell # Ph 5 Lot # 185 _____ Quadrant # ___ Tax ID # Lot Size: 27,044 & CT Number of Bedrooms Proposed: Garage: Basement with Plumbing: 7 Public ☐ Well Community Water Supply: Distance From Well: 50' Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **Z** Conventional ☐ Other Type of system: Pump Tank:_____gallons Size of tank: Septic Tank: 1000 gallons width of ditches 3 ft. Subsurface No. of exact length depth of of each ditch 80 ft. ditches ditches 30 in. Drainage Field French Drain Required: ____ Linear feet Date: 2-12-04 Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * MAINTARN All SethARDIS DRATUAGE りれていい Smethwood DizzuE.

HARN COUNTY HEALTH DEPART.....NT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20605 . 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.
Michael Anderson Homes INC 98-552-1790 Name 180 Woodland Ridge DATUE F.V. N.C. 27526 Address
180 Woodland Ridge Dritue F.V. N.C. 27526
Property Location SR# Lafayette
V. H. E Ph.5 Road Name Road Name 27, 0 φφ sq F Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM # Bedrooms Proposed Lot Size
[] 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 # of lines per field Length of lines 80 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 in the covered or place
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 7-17-04
Signature of Authorized Agent for Harnett County of Harnett

2-12-04 Date