HAR TT COUNTY HEALTH DEPARTN T

HTE 04-5-8653R

IMPROVEMENT PERMIT

20609

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for disposa from the Harnett County Health Department."	l of sewage without first obta	aining a written permit
Name: (owner) Br//rwg & Constructed, Inc. Property Location: SR# 1443 Lafayette	New Installation □ Repairs	Septic Tank Nitrification Line
Subdivision Vectorea HIIIs	Lot #	171
Tax ID #	Quadrant #	
	Size: . 61 Acre	
Basement with Plumbing: Garage: Garage: Distance From Well: 50' ft.		
Following is the minimum specifications for sewage disposal sy to final approval.		
Type of system:	cte	
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length of each ditch 80 ft.	width of ditches 3 ft.	depth of ditches 30 in.
French Drain Required:Linear feet		
Date:	2-16-04 ed James E7	
This permit is subject to revocation if site Signe plans or intended use change.	ed James E7	Manhant RRS.
Part Saparer Home St. 1 Part 20 Part 1 Part 20 Part	*Bottom Line NEED to TURNED	MAY BE
Smoth word Da		

HAR 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 # 20609 . 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

| DOIZ Crew | Chapel Hall N.C. 27517 Property Location SR# Victorialfills 171 3.66 # Bedrooms Proposed TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [Nitrification Lines [] Conventional [] Other Saprolite [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft. Septic Tank /000 gd Pump Chamber god NITIRFICATION FIELD SPECIFICATIONS Number of fields _____ # of lines per field ____ 5 __ Length of lines ____ 80 Width of ditches _____ ft. Depth of ditches _____ 30 ___ 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 2/16/2004 Date