HAR! T COUNTY HEALTH DEPARTM

HTE 04-5-894Z

IMPROVEMENT PERMIT

20762

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) GARY L Highes ______ New Installation Septic Tank Property Location: SR# 1443 Lafagetta Repairs Nitrification Line Subdivision Vectoria Hells ____Lot # ______8 Quadrant # _______ Quadrant # _______ Lot Size: ______ **Z7,075** Tax ID # Number of Bedrooms Proposed: 3 Garage: Basement with Plumbing: Well Water Supply: ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **Z** Conventional ☐ Other Type of system: Septic Tank: gallons Pump Tank: gallons Size of tank: exact length Subsurface No. of width of depth of No. of exact length of each ditch 80 ft. ditches 3 ft. ditches 227/8 in. Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist M' HOME

#04-5-8942

HARNETT CC TY DEPARTMENT OF PUB HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, 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.
SANY L Hughes Name 919-639-6594 Telephone # Address Address
3055 Old Byths Crock RD Angien N.C. 77501 Address
1993 Property Location SR# Road Name
V.H. II 118 3 27,078 3 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:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
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 County Date