00-4000335

HARN COUNTY HEALTH DEPARTMET

Nº 17766

IMPROVEMENT PERMIT

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."

from the Harnett County Health Department."	
Name: (owner) Champion. Evens Custon Hom	New Installation Septic Tank
Property Location: SR# 1443 Lafay ette ?	Repairs Nitrification Line
Subdivision Victoria Hills	Lot #\3
	Quadrant #
Number of Bedrooms Proposed:	Lot Size: (O Ac
Basement with Plumbing: Gara	ige: 🔽
Water Supply: Well Public Com	munity
Distance From Well: 50 min ft.	
Following is the minimum specifications for sewage dis final approval. Type of system: Conventional Othe	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch	width of depth of ft. ditches 18 in MAX
French Drain Required: Linear feet	
	Signed: Buye Music A.S. Environmental Health Specialist
	pepar planse Garage 30r 100 24'

Road

HAPATTI COUNTY HEALTH DEPARTMENT AUTH_RIZATION TO CONS__UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17766, 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. Owner or Authorized Agent Name: Chambian Evans Custom Homes Telephone # 639-6922 Address: 274- A w. Deput St. Ansic NC 27501 Property Location: SR # 1443 Road Name Lafay etfe New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision /: Jaria Hills Lot # 13 Number of Bedrooms Proposed: _______ Lot size: __. \(\text{Ac} \) Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional Other Tank Volume: Septic Tank ______ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____/ Number of Lines per Field _____ Length of lines ____ & f/ Width of ditches _____ ft. Depth of ditches ____ 18 inches MAV 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. Authorized Agent for Harnett County Health Department Name: Date: 4/28/2000

(Revised 2/96) CNSTRCT. WPD