Land Me ## 00-40000336

HARNETT CO

50×50 3BR

DUME

206

TY HEALTH DEPARTMENT

17180

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 Ellans, New Installation Septic Tank
Property Location: SR# 1443 Lafayette Rd. Repairs Nitrification Line
Subdivision Victoria Hills Lot # 15
Tax ID #Ouadrant #
Number of Bedrooms Proposed: THREE Lot Size:
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Other Other
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of 4 exact length 75 width of 3 depth of 8 in.
Drainage Field ditches of each ditch ft. ditches in.
French Drain Required: Linear feet Date: B April 2000
This permit is subject to revocation if site Signed: Vencent R. World
plans or intended use change. Environmental Health Specialist
2 32' 104' IP
32' 104' IP Amaintain setbacks
8.3
6 5 3 8
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(Revised 2/96) CNSTRCT. WPD

HARNE COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17/80 , 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: Champion- Evan Homes Telephone # 639-6922 A W. Depot St. angies, NC Property Location: SR # 1443 Road Name Cafayet Repair _____ Septic Tank ____ Nitrification Lines ____ Number of Bedrooms Proposed: | | Lot size: _____ Basement _____ With Plumbing _____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: 50 ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines ______ Sec. Width of ditches $\frac{3}{2}$ ft. Depth of ditches $\frac{18}{2}$ 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. Authorized Agent for Harnett County Health Department