## HARNETT COUNTY HEALTH DEPARTMENT

Nº 13651

## I PROVEMENT PERN

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." Changian Evans
Name: (owner) Jackson Homeboilder New Installation Septic Tank
Property Location: SR# 1943 Activetted.   Repairs Nitrification Line
Subdivision Victoria 4:11s Lot # 33
Tax ID # Quadrant #
Number of Bedrooms Proposed: Lot Size:55 Ac
Basement with Plumbing: Garage:
Water Supply:  Well Public Community
Distance From Well: 50 Ai - 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: gallons Pump Tank: gallons
Subsurface Drainage Field  No. of depth of ditches 3 of each ditch ft. ditches 3 ft. ditches 18-24 in.
This permit is subject to revocation if site plans or intended use change.  Linear feet  Date:
* Martines on contour for the Rentines on contour for the winder house 5:20 C12ft. 1 3/8/2001  Buy Marie 1.5.  Buy Marie 1.5.

## H IETT COUNTY HEALTH DEPA 1ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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: Jackson Home bilders Telephone # 897.5563 Address: 1.0. Box 1264 Dunn, N.C. 28375 Property Location: SR # 1443 Road Name Lefwelle New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Victoria Hills Lot # 37 Number of Bedrooms Proposed: \_\_\_\_\_3 Lot size: \_\_\_\_\_554c\_\_\_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank / 00 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_/ Number 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 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: Duya M. Swai R.S. Date: 1/4/2000

(Revised 2/96) CNSTRCT. WPD