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HARNI COUNTY HEALTH DEPARTME

Nº 17763

IMPOVEMENT 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."

Name: (owner) Tailored Homes Designs Inc. New Installation Septic Tank
Property Location: SR# 1443 Lafayette Rd. Repairs Nitrification I
Subdivision Vistoria Hills Lot # 4
Tax ID #
Number of Bedrooms Proposed: 3 Lot Size: 5/6 Ac.
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface Drainage Field No. of depth of ditches ditches of each ditch ditches of each ditches ditch
French Drain Required: Linear feet
Date: 4/18/2000
This permit is subject to revocation if site
plans or intended use change. Environmental Health Specialist
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HART TO 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 # 17763 ... 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: Talored Homes & Designs Inc. Telephone # 919.609.5909 Address: 8217 Kennebeckel. Willow Springs, N.C. 27592 Property Location: SR # 1443 Road Name Lufuyette New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Victoria I.IIs Lot # 4 Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank / OOO gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields __/ Number of Lines per Field __ 4 Length of lines __/ 90 fl. Width of ditches 3 ft. Depth of ditches 18-24 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 Missin R.S. Date: 1/18/2000 (Revised 2/96) CNSTRCT. WPD