HARN Γ COUNTY HEALTH DEPARTM

MTE 01-5-3707RE

IMPROVEMENT PERMI

21995

Be it ordained by the Harnett County Board of Health as follo tion of any building at which a septic tank system is to be used for dispose		
from the Harnett County Health Department."	~	-
Name: (owner) Callow ay Contraction Property Location: SR# 144/ Chaly book Joines Let	New Installation	Septic Tank
Property Location: SR# 1997 Chaly beate Upray 29	- D Repairs	Nitrification Line
Subdivision Cros Link	Lot #	2
Tax ID #	Quadrant #	1.5
Number of Bedrooms Proposed: 5 (60) Lo	ot Size:	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposato final approval.	al system on above caption	ed property. Subject
Type of system:	11 - 5 11	
Type of system: ☐ Conventional ☐ Other ☐ Conventional	re Manituld	
Size of tank: Septic Tank: gallons Pu	ump Tank: 1500 gallons	
Subsurface No. of exact length		depth of
Drainage Field ditches 0 of each ditch 00 ft.	ditches 3 ft.	ditches 12 in. MA
French Drain Required:Linear feet	/ /	61201000
D	ate: 8/31/2005	
This permit is subject to revocation if site Si	gned: Buy Mes.	L.S.
plans or intended use change.	Environmental He	
* Maistain all setback		
# Will need area For drain lines to be cleared before system spect can be Areafor t	1	
for drain lines	Area for	
to be cleared before	10 x100'	89
Luces	Drantines	
* Contractor to	1	
meet on site priva- to installing system		31'
		0.
* Drain Lines will need	98'	
6.1600 0, 600		
/ as]		
5	134	
4		
If Existing to		
/		
	1651	
Asphal Drive	100 + Not to scale	

AUTTIORIZATION TO CONSTIUCT

Harnett County Department of Public Health, Improvement Permit # 21995 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.
Calloway Construction 910 263-3491
Telephone # 58/ Executive Place Soitedoo Foyetteville N. (.2830) Address
Property Location SR# Challeton SR#
Cross Link 2 5 (600 and)
Bedrooms Proposed Lot Size
TYPE OF SYSTEM [New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other Pressure Manfield
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft.
Septic Tank /500 gal Pump Chamber /500 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field/O Length of lines/00 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.
Sup Misand.
Signature of Authorized Agent for Harnett County Date