## **IMPROVEMENT PERMIT 22202**

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) CHARLES B. PAINE New Installation Septic Tank Repair Property Location: SR# 1441 CHALYBEATE Searnes Ro Nitrification Line Expansion Lot # 49 Subdivision CROSSLINK Quadrant # Tax ID# Number of Bedrooms Proposed: 3 (36056) Lot Size: 1.71AG 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: \( \subseteq \text{Conventional} \) Other Pume To 2' CHAMBER Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 4 ft. of each ditch 120 ft. ditches 2 ft. ditches R in. French Drain Required: Linear feet PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. \* MAINTAIN ALL SETBACKS RS COLIVER TOLKSDOG Signed: \*CALL WITH ANY QUESTIONS Environmental Health Specialist PRIORAO INSTALLATION DRAWING MS EQUAL REPAIR EASEMENT 250 \*NEW TANK LOCATION APPROVED ON 12)30)05 542

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AT HORIZATION TO CONS UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22202 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.
Name 919-TT2-5489
Telephone #
Address ROLLAND RIDGE DO RALEIGH NC 27603
1441
Property Location SR#  Road Name  Road Name
<u>CROSSLINK</u> 49 3 (36000)
Subdivision Lot # # Pedroom P. J. J. A.L.
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[ ] Conventional DO Other Pump To 2 CHAMBER
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines _ \ 20 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 in the system has been in the system.
Harnett County Health Department has determined that the system has a 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.
Signature of Authorized Agent for Harnett County
Date