HARI T COUNTY HEALTH DEPARTM T

HTE 05-5-12253

IMPROVEMENT PERMIT

22022

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) Chaistoples Wweaver To CWW Contractor

Property Location: SR# Zoz8 Hanvett Central

Repairs

New Installation

Repairs Subdivision Penn Mendon ____ Lot # ____**/\$** Quadrant # Tax ID # Number of Bedrooms Proposed: 3 Lot Size: .347 Garage: Basement with Plumbing: ☐ Well Public ☐ Community Water Supply: Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. NOther 25% Reduction System Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of width of exact length depth of ditches 3 ft. ditches 4 of each ditch 60 ft. ditches 24->18 in. Drainage Field French Drain Required: ____ Linear feet This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. Part con repris 51 RIV

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HARNETT (JNTY DEPARTMENT OF PU JC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 22022. 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.
Christopher W Wester Tr CWW Contractors 919-776-9786 Name 1772 Wardmene Dr. Angien N.C. 77501 Address
1772 Windmene in Angien N.C. 27501
Property Location SR# Road Name Road Name Road N
Pennmeydon /B 3 .347 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 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.
Signature of Authorized Agent for Harnett County Date