## **IMPROVEMENT PERMIT 22895**

Be it ordained by the Harnett County Board of Health as construction of any building at which a septic tank system is to be permit from the Harnett County Health Department."	e used for disposal of sewage without first obtaining a written
Name: (owner) <u>Cape Foar Builders</u>	New Installation Septic Tank Repair
Property Location: SR# 1429 Chalyberte Subdivision DEXTENTION	Nitrification Line Expansion
T ID#	Quadrant #
Number of Bedrooms Proposed: 3720 694	Lot Size: · 4/3
Basement with Plumbing: Garage:	
Water Supply:   Well Public Communication Co	nity
Distance From Well: 50 ft.	speed system on above cantioned property
Following is the minimum specifications for sewage dis Subject to final approval.	sposal system on above captioned property.
Type of system: Conventional Other 253	a Re Dur time Sect
Type of system. B conventional 2 other 20 7	01-20-40100 3951-
Size of tank: Septic Tank: gallons Pump	Tank: gallons
Subsurface No. of exact length	width of depth of
Drainage Field ditches 5 ft. of each ditch 60	ft. ditches $3$ ft. ditches $20-18$ in.
French Drain Required:Linear feet  This permit is subject to revocation if site plans or intended use change.	Date: 5-3-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.	
116	Signed: James Emphant on S Environmental Health Specialist
HOME 28  Se Lantoloud St. Lant	33
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #	
Capt FEM Buildess - Joe Gardner 510-891-9600 Telephone #	
Address Rts LEltergton N.C. 27546	
Property Location SR#  Chalpheato  Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[ New Installation [ ] Repair [ Septic Tank [ ] Nitrification Lines	
[] Conventional [] Other 25 0/3 Red By S	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.	
Septic Tankgal Pump Chambergal	
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	