IMPROVEMENT PERMIT 22891

	as follows: Section III, Item B. "No person shall begin be used for disposal of sewage without first obtaining a written
Name: (owner) CMTG Matthews	New Installation Septic Tank Repair
Property Location: SR# 2008 HARVE 170 Subdivision White Panes	Nitrification Line Expansion Lot # 14
Tax ID# Number of Bedrooms Proposed: 360	0 1 1 1
	610 Lot Size: / Acm
Basement with Plumbing: Garage:	
Water Supply: Well Public Comm	unity
Distance From Well:ft. Following is the minimum specifications for sewage of	disposal system on above captioned property
Subject to final approval.	As-the P
Subject to final approval. Type of system: Conventional Other 25	% rel Sister"
	10100 295
Size of tank: Septic Tank: 1000 gallons Pur	np Tank: _/ooo gallons
Subsurface No. of exact length Drainage Field ditchesft. of each ditch	width of depth of ft. ditches 3 ft. ditches 24 in.
French Drain Required:Linear feet	Date: 4-71-06
This permit is subject to revocation if site	PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change 100	
(8)	day love
130	Signed James & Montantone
- Constant	Environmental Health Specialist
Part and	* Pune
7 718 00	Lot 13 37 gen a 24 TOH
of signon 16	*manasee
36 PORONE 167	J' ECH HO PIPE
PANTIPO	5 1/2" VALVES
Relow Kel	2' PRESSURE HEAD
- A	
TS A RACE.	- ACRSS
MAGE	Esma
Drum ALE	
WSAM	
	FRED
	(ROLLOW)

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 #	
This authorization will be invalid if ownership, site plans, or intended use change. 20 890 - 4330 Name Tolophore #	
Chair Matthews Name 910890-4330 Telephone # 496 Hanwell RD COATS N.C. 27521 Address	
Property Location SR# Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [] Repair [Septic Tank [Nitrification Lines	
Conventional [Nother Months Pup to 25% new sys	
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 he conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
grature of Authorized Agent for Harnett County Date	