HARN COUNTY HEALTH DEPARTM

HTE 06 500 15 228

IMPROVEMENT PERMIT

21791

Name: (owner) CWW Contractors	New Installation
Property Location: SR#_ <u>auas</u>	
Subdivision Pear meadow	Lot # _ 27
Tax ID #	Quadrant #
Number of Bedrooms Proposed: <u>3 (340 gα</u>	Quadrant # Lot Size: _,35 ac
Basement with Plumbing:	Garage:
Water Supply: 🗖 Well 🖫 Public 🗖	Community
Distance From Well: 100 ft.	
Following is the minimum specifications for s to final approval.	ewage disposal system on above captioned property. Subject
Type of system:	Other 25% Reduction
Size of tank: Septic Tank: 1000 g	allons Pump Tank:gallons
Subsurface No. of exact leng Drainage Field ditches 4 of each dit	th width of depth of $\frac{55}{10}$ ft. ditches $\frac{3}{10}$ ft. ditches $\frac{3}{10}$ in.
French Drain Required:Linea	
	Date: 5 7-11-06
This permit is subject to revocation if site	Signed: Jamie Twolington RS M. MM
plans or intended use change.	() Environmental Health Specialist
150	* Maintain all necessary setbacks.
110	The second
7:5	Set backs.
	-1 -
	55' R-
60	55' N- 10' * Start ditches at
60	* Start ditches at 25", run no deeper
60	* Start ditches at 25", run no deeper
1 soions L	* Start ditches at 25", run no deeper
180' X 48'	* Start ditches at 25", run no deeper
1 soions L	* Start ditches at 25", run no deeper

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 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.
CWW Contractors 919 796-9286 Name Telephone #
172 Wind mere Dr. Angler NC 27501 Address
Property Location SR# Harnett Central Rd Road Name
Pear Meadow 27 3 (360 gpd) 35 ac Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[] Conventional [Nother 251. Reduction
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:/OOFt.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 55 Ft.
Width of ditches ft. Depth of ditches <u>25-18</u> 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