## IMPROVEMENT PERMIT 02-5-4049

tion of any building at which a septic tank system is to be used for disposition the Harnett County Health Department."	al of sewage without first	obtaining a written permit
Name: (owner) Robert Cicei	New Installation	Septic Tank
Property Location: SR# NC 24/27	Repairs	Nitrification Line
Subdivision The High Lands (a Sherwood forest	Lo	t #
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(42x66) Lot	Size:	
Basement with Plumbing: Garage:		
Water Supply:   Well  Public   Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syste final approval.		
Type of system: Conventional Other Grand Size of tank: Septic Tank: 1000 gallons Pun	To Convertion	VAI
Size of tank: Septic Tank: 7005 gallons Pun	np Tank: // ga	allons
Subsurface No. of exact length of each ditch of each ditch ft.	width of ditches ft.	lepth of 1824 in.
French Drain Required: Linear feet		
Date: OA	-04-02	
This permit is subject to revocation if site  Signed:	go was	
plans or intended use change.	Environmental Hea	alth Specialist Green
Line	C NAME	CVANTS
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12	*	
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42 x66 /00	// *	STAT
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S / MI	///	Old Pit Fred
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130		/ /
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	110	1
STUB Out Plumbing dalla 188		2
Pure may not B Resumed Med 200	DWN 40'	
1 / / / / / / / / / / / / / / / / / / /	Before InITAlly	
Do not Drive or park on system	0	

## RNETT COUNTY HEALTH DEPARTN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by			
Harnett County Health Department, Improvement Permit #			
This authorization will be invalid if ownership, site plans, or intended use change.			
Robert Cini 499-2421			
Name Telephone #			
Address			
NC 24/27 Property Location SR# Road Name			
Property Location SR# Road Name			
The High Lord At Sherward Forest 18 3 (42,66) 6712 Subdivision Lot # Bedrooms Proposed Lot size			
Subdivision Lot # # Bedrooms Proposed Lot size			
TYPE OF SYSTEM			
New Installation [ ] Repair   Septic Tank   Nitrification Lines  [ ] Conventional Other			
[] Conventional Other / My to Gav.			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well [ ] Public - Minimum Well Setback:Ft.			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field Length of lines Ft.			
Width of ditchesft. Depth of ditchesinches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or placed into use by any person until a	n		
inspection by the Harnett County Health Department has determined that the sys			
has been installed according to the conditions of the Improvement Permit and the valid Operations Permit has been issued.	at a		
Ju WAM 03-04-02			
Signature of Authorized Agent for Harnett County Date			