

HARNETT COUNTY HEALTH DEPARTMENT

HTE 0450011061

II MOVEMENT PERM.

21526

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) CAVINESS Land
Property Location: SR# 1117
New Installation [checked]
Repairs [ ]
Septic Tank [checked]
Nitrification Line [checked]

Subdivision Woodshire Lot # 58

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (50x64) Lot Size: .51 AC

Basement with Plumbing: [ ] Garage: [checked]

Water Supply: [ ] Well [ ] Public [checked] Community [ ]

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [checked] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

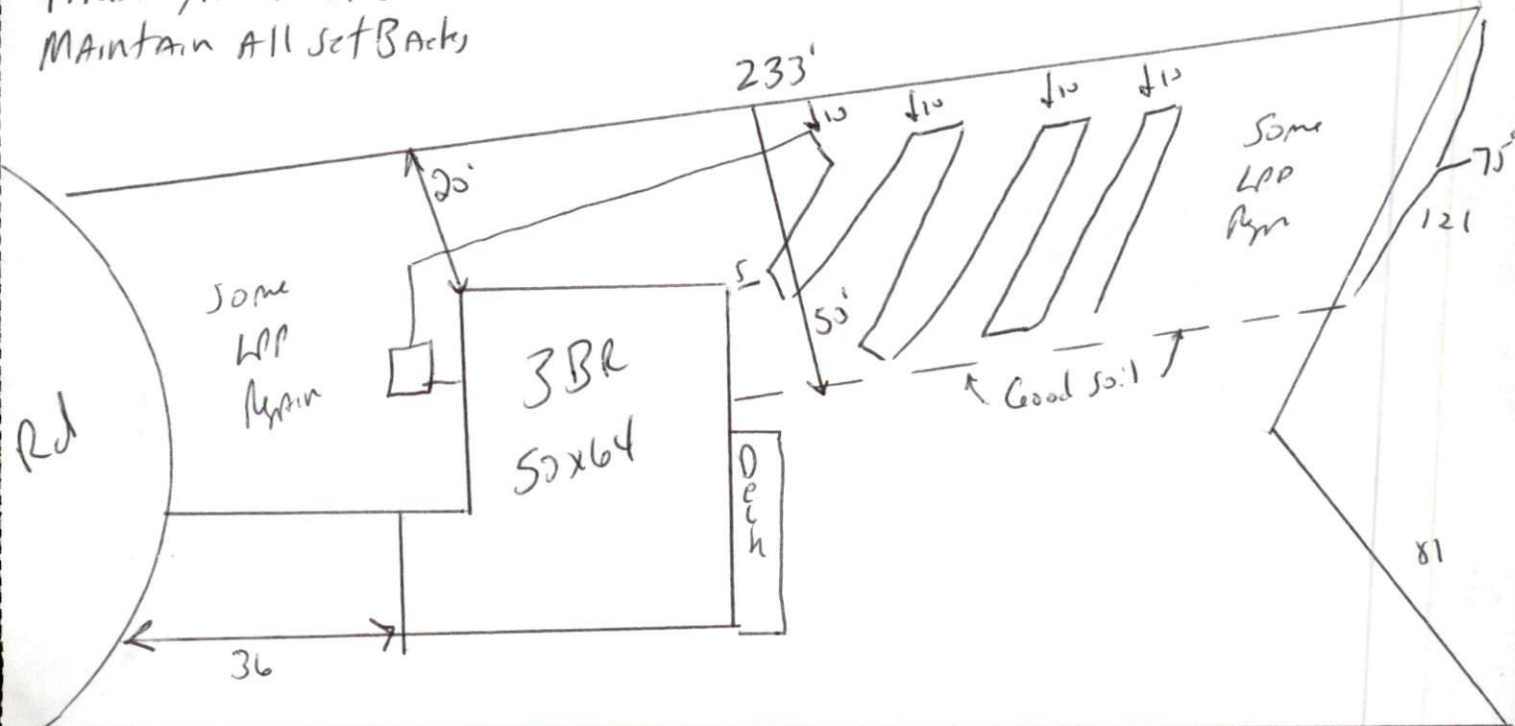
French Drain Required: \_\_\_\_\_ Linear feet

Date: 01-21-05

Signed: [Signature] Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.

MUST meet onsite before installing
Maintain All setBacks



Stub out Plumbing shall be ground level or higher.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby give \_\_\_\_\_ construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21524. 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.*

CAVINCH LAND

Name

Telephone #

Address

1117

Property Location SR#

Woodbine

Road Name

58

3(50x64)

0.51Ac

Subdivision

Lot #

# Bedrooms Proposed

Lot Size

**TYPE OF SYSTEM**

- New Installation [ ] Repair  Septic Tank  Nitrification Lines  
 Conventional [ ] Other \_\_\_\_\_

- [ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 1824 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.

Joe West RS

Signature of Authorized Agent for Harnett County

01-21-05

Date