HAI TT COUNTY HEALTH DEPART NT HTE 05-50011502 R INIPROVEMENT PERMIT 21847

Be it ordained by the Harnett County Board of Heal tion of any building at which a septic tank system is to be use from the Harnett County Health Department."		
Name: (owner) CAVINED LAND Dev.	New Installation	Septic Tank
Name: (owner) CAVINES LONG Dev. Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision Wood Shine	Lot	#_77
Tax ID #	Quadrant #	
Tax ID #	Lot Size: . 44 Ac	
Basement with Plumbing:	rage: 💆	
Water Supply: ☐ Well	munity	
Distance From Well:ft.		
Following is the minimum specifications for sewage to final approval.	2	
Type of system:	r Pump to 25% Red-eta	un JYJTEM
Size of tank: Septic Tank: gallons	Pump Tank: 100> gallons	
Subsurface No. of exact length	width of	depth of
Subsurface No. of exact length of each ditch	395 ft. ditches 3 ft.	ditches 18 in.
French Drain Required:Linear feet	of 25% Reduction SYSTEM	
•	Date: 05-03-05	
This permit is subject to revocation if site plans ρr intended use change.	Signed: Ja WA	
panis of interact use change.	En√ironmental F	lealth Specialist
DRIVE	15	
3° 95.	10	- 10
		IS
in Sof Mu	- 21	0 7
1 1 001	38-	e i m
ad viled sil rebuin	3BF 52xc4	17
1 (1 mg)	24	-7
64 / 6,13/	124	148
1 / Sile /	•	
Pr.	10	
43		
	24'	
Meet onsite non Before	Installing - Mair	itain all sit
BAZK)		

AUTHORIZATION TO CONSTRUCT

Authorization is hereby giv 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.
CAVINESI Land Devi
Name Telephone #
Address
Property Location SR# Road Name
Subdivision Subdivision
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional [Sother Pup to 25% Nedution 1457En
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank DOO gal Pump Chamber DOO gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field / Length of lines ?
Width of ditches
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 in the system.
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.
Ore Word RS
Signature of Authorized Agent for Harnett County
Date