

HTE# 05-50012182

IMPROVEMENT PERMIT 22709

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) CAVINES Land Dev New Installation Septic Tank Repair
 Property Location: SR# 1125 Nitrification Line Expansion
 Subdivision FOREST OAKS Lot # 1
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3(46x49) (360 gpd) Lot Size: .36 AC

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft. NOTE IF Plumbing IS not STUBBED out shallow where shown Pump will Be Required

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

Type of system: Conventional Other 25% Reduction SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

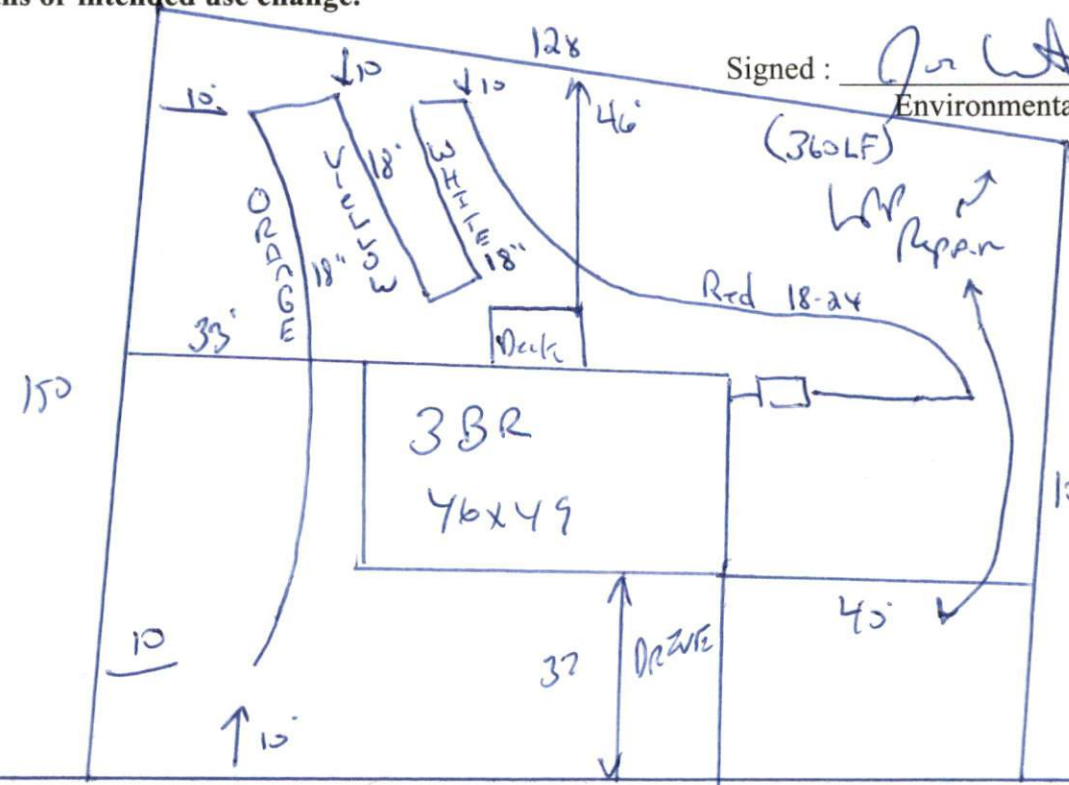
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 225 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet of 25% Reduction System

Date: 7-28-05

This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
 Environmental Health Specialist



Meet onsite For Final Layout
 STUB out Plumbing shallow where shown or Pump will Be Required
 1st Line to Be 18 to 24"
 MAINTAIN All Setbacks

ENGLISH OAKS

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 # 22709. 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.*

Caviness Land Dev.
Name _____ Telephone # _____

Address _____

1125
Property Location SR# _____ Road Name _____

FORESTDALE 1 3(46x44) (360 gpd) 0.36 ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other 25% Reduction SYSTEM

[] 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 225 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches OF 25% Reduction SYSTEM

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 7-28-05
Signature of Authorized Agent for Harnett County Date