## HARN COUNTY HEALTH DEPARTME

HTE 05-500 2332

## IM. ROVEMENT PERMIT

22129

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 Lond Dev. New Installation Septic Tank Repairs Nitrification Line Property Location: SR#\_ Lot # \_ [ ? Subdivision + OREST OAKS \_\_\_\_\_ Quadrant # \_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3(48x60) Lot Size: 38A Basement with Plumbing: Garage: 🗸 ☐ Community Water Supply: ☐ Well D Public Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other\_\_\_\_ Type of system: Septic Tank: \_\_\_\_\_gallons Pump Tank: \_\_\_\_\_gallons Size of tank: Subsurface No. of exact length of each ditch ( ft. Drainage Field ditches French Drain Required: Linear feet Date: 06-24-05 Environmental Health Specialist This permit is subject to revocation if site plans br intended use change. 150 35 41-DRNE 109 ZHOLF 35 STUB out Plumbing shallow ground level or higher Maintain All Set Backs

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTORIZATION TO CONS' JCT

Harnett County Department of Public Health, Improvement Permit # 22/29. This authorization shall be valid for a period not to exceed five (5) years from the latest authorization.
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 sit. I
or intended use change.
(Aviness Land Dev.
Name Telephone #
recpriore #
Address
1125
Property Location SR#  Road Name
1-Drost DAKI 19 3(48x60) 38AC
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 gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 2 Length of lines   OO Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
Depth of gravel
No wastewater existence 1, 111
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 great placed in the system of 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.
Operations Permit has been issued.
(10 West P)
Signature of Authorized Agent for Harnett County
Date