

HTE# 05-50013163

IMPROVEMENT PERMIT 22324

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 & Cate New Installation Septic Tank Repair

Property Location: SR# 1141 Nitrification Line Expansion

Subdivision THE SUMMIT Lot # 63

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (71x49) 480 sq ft Lot Size: 0.43 AC

Basement with Plumbing: Garage:

Water Supply: Well Public 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: Conventional Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

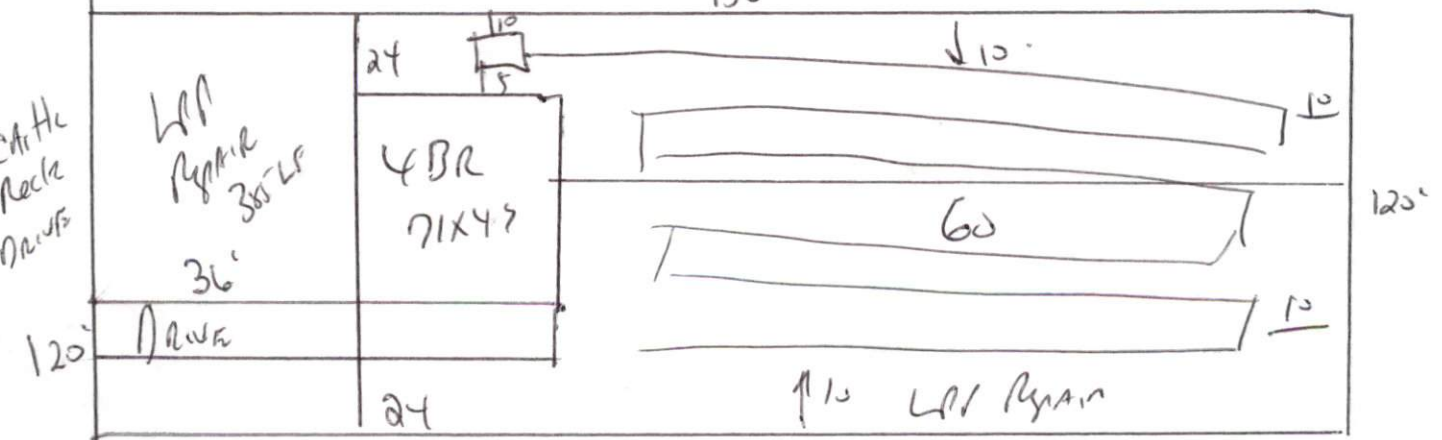
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 320 ft. ditches 3 ft. ditches 18.30 in.

French Drain Required: _____ Linear feet

Date: 10-17-05

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



Stub out Plumbing shallow maintain all setbacks

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 # 22-324. 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.*

Name CAROL & CATI Telephone # _____

Address _____

Property Location SR# 1141 Road Name _____
Subdivision The Summit Lot # 63 # Bedrooms Proposed 4 (71x43) 480 sq ft Lot Size 43 ac

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~~ 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 320 Ft.

Width of ditches 3 ft. Depth of ditches 18.30 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.

Signature of Authorized Agent for Harnett County Jon West RS Date 10-17-05