

HTE#05-50013630

# IMPROVEMENT PERMIT 22479

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 DEVELOPMENT New Installation  Septic Tank  Repair   
 Property Location: SR# 1120 OVERMILLS RD Nitrification Line  Expansion   
 Subdivision STONECROSS Lot # 55  
 Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
 Number of Bedrooms Proposed: 4 (480 gpd) Lot Size: .49 AC

Basement with Plumbing:  Garage:   
 Water Supply:  Well  Public  Community  
 Distance From Well: 100 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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24-30 in.

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

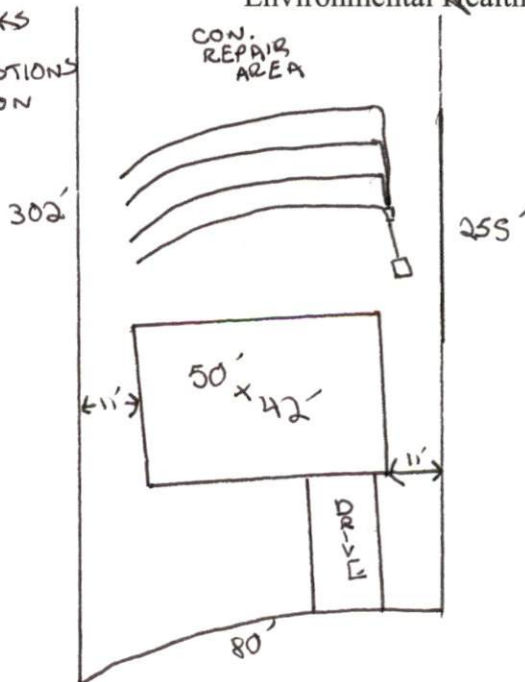
Date: 1/18/06

**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

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

Signed: [Signature] RS (OLIVER TOLKSDORF)  
 Environmental Health Specialist

- \* MAINTAIN ALL SETBACKS
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 22479. 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 DEVELOPMENT 481-0503  
Name Telephone #

2818 RAEFORD RD STE 200 FAYETTEVILLE NC 28303  
Address

1120 OVERHILLS RD  
Property Location SR# Road Name

STONECROSS 55 4 (480 gal) .49 AC  
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: 100 Ft.

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


**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 24-30 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

1/17/06  
Date