HTE#0650014022

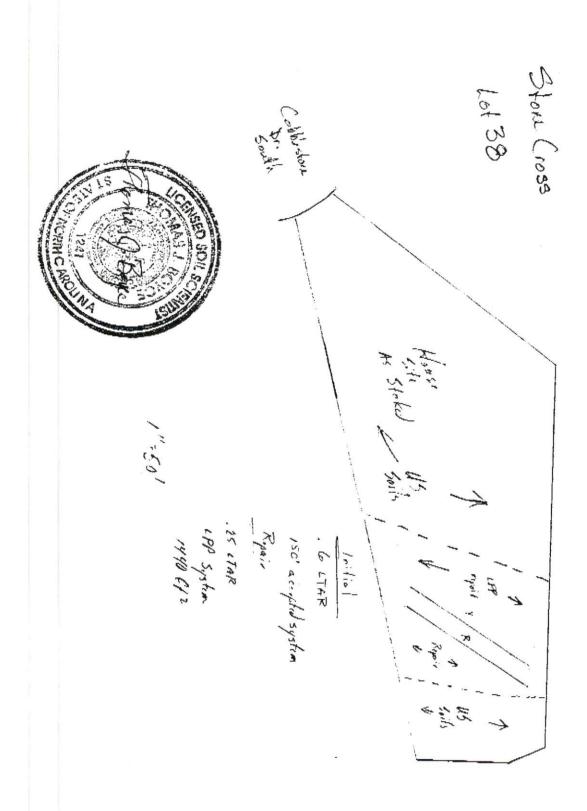
IMPROVEMENT PERMIT 22843

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 DEVELORMENT New Installation Septic Tank & Repair Property Location: SR# 1120 OVERNILLS RO Nitrification Line Expansion Subdivision STONECONS Lot # 38 Quadrant # Tax ID# Number of Bedrooms Proposed: 3 (3609e3) Lot Size: .65 Basement with Plumbing:
Garage: Water Supply: Well Public Community Distance From Well: 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 exact length width of Subsurface No. of exact length width of depth of Drainage Field ditches 2 ft. of each ditch 75 ft. ditches 3 ft. ditches 20 No. of depth of French Drain Required: Linear feet Date: 4 5 8C EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. es (OLIVER TOLKSPORF) Signed: Environmental Nealth Specialist *SYSTEM FLAGGED LPREPAIR *CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION UNSUTTABLE 206 300 48 +30 147

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Departmen			of the specifications described by hit # 23843 . This	
authorization shall be valid	d for a period no	ot to exceed five (5) year	ars from the date of issuance.	
This authorization will be		ersnip, site plans, or in	tended use change.	
CAVINESS LOND DEVELOPMENT			481-0503	
Name			Telephone #	
2818 PAEFORD RD Address	STE. 200	FAYEMEVILLE	MC 38303	
Address				
1190		0	OVERHILLS BD	
Property Location SR#		0	Road Name	
Stant Cross Subdivision	38	3(36000)	.65	
Subdivision	Lot #	# Bedrooms Proposed	Lot Size	
	TY	PE OF SYSTEM		
New Installation [] Repair Septic Tank Nitrification Lines				
[] Conventional MOther 25% REDUCTION SYSTEM				
The server of th				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.				
Septic Tank NOOS	gal	Pump Chamber	gal	
NITI	RIFICATIO	N FIELD SPECIFI	CATIONS	
Number of fields	# of lines no	er field 2 I and	gth of lines 75 Ft.	
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall	he covered or	placed into use by any	person until an inspection by the	
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.				
100				
The sale	is loss		1 1	
Signature of Authorized Agent for	or Harnett County		4/5/0c	



Case 34"