

HTE# 06-500/4641

IMPROVEMENT PERMIT 23025

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 Dev. New Installation Septic Tank Repair
 Property Location: SR# ~~1125~~ 1125 Nitrification Line Expansion
 Subdivision Wood Shire Lot # 133
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (54x41) 360 sqft Lot Size: .41

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 Pump to Conventional

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

Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 ft. of each ditch 70 ft. ditches 3 ft. ditches 18.24 in.

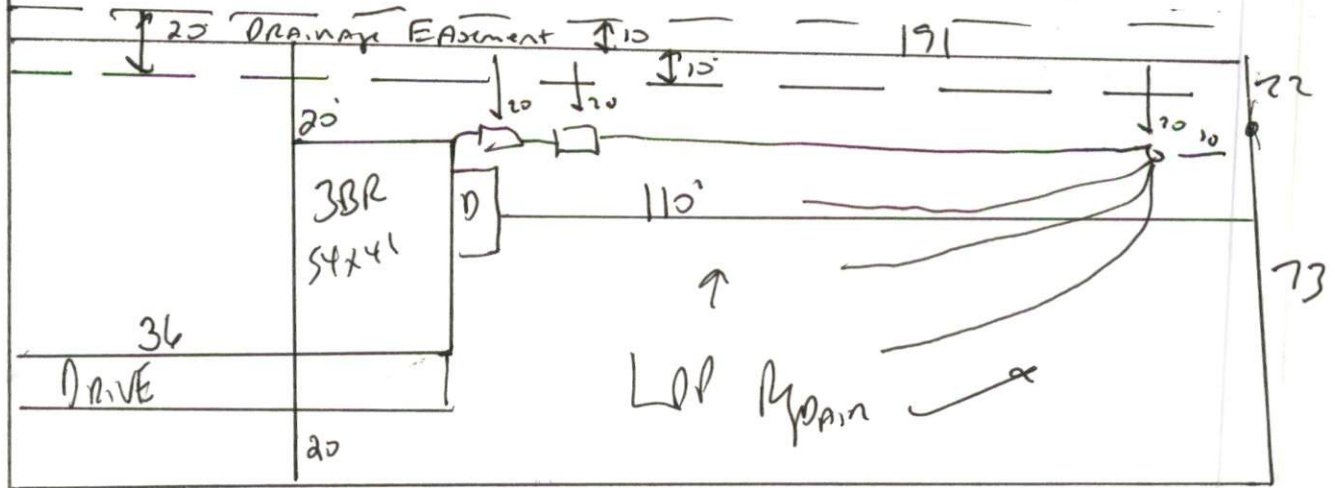
French Drain Required: _____ Linear feet

Date: 6-1-06
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

STUB OUT Plumbing shallow
 At ground level or higher
 MAINTAIN All SET BACKS
 Meet onsite for Final LAYOUT
 Pump may not be Required

Signed: [Signature]
 Environmental Health Specialist
 Keep drain lines 20'
 from property line with
 EASEMENT along it.



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 # 23025. 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.*

Chun-Lan Lee

Name

Telephone #

Address

1125

Property Location SR#

Road Name

Woodshire

132

3(54x41) 36 gal

41

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump To
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 2 ft. Depth of ditches 18-21 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.

Joe West RS

Signature of Authorized Agent for Harnett County

6-1-06

Date