

HTE# 06-500/4642

# IMPROVEMENT PERMIT 23024

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 Nitrification Line  Expansion

Subdivision Wood Shire Lot # 134

Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed : 4 (50x60) 480 gpd Lot Size: .40 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 Pump to 25% Reduction system

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

Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 ft. of each ditch 210 ft. ditches 3 ft. ditches 18.24 in.

French Drain Required: \_\_\_\_\_ Linear feet 4 25% Reduction system

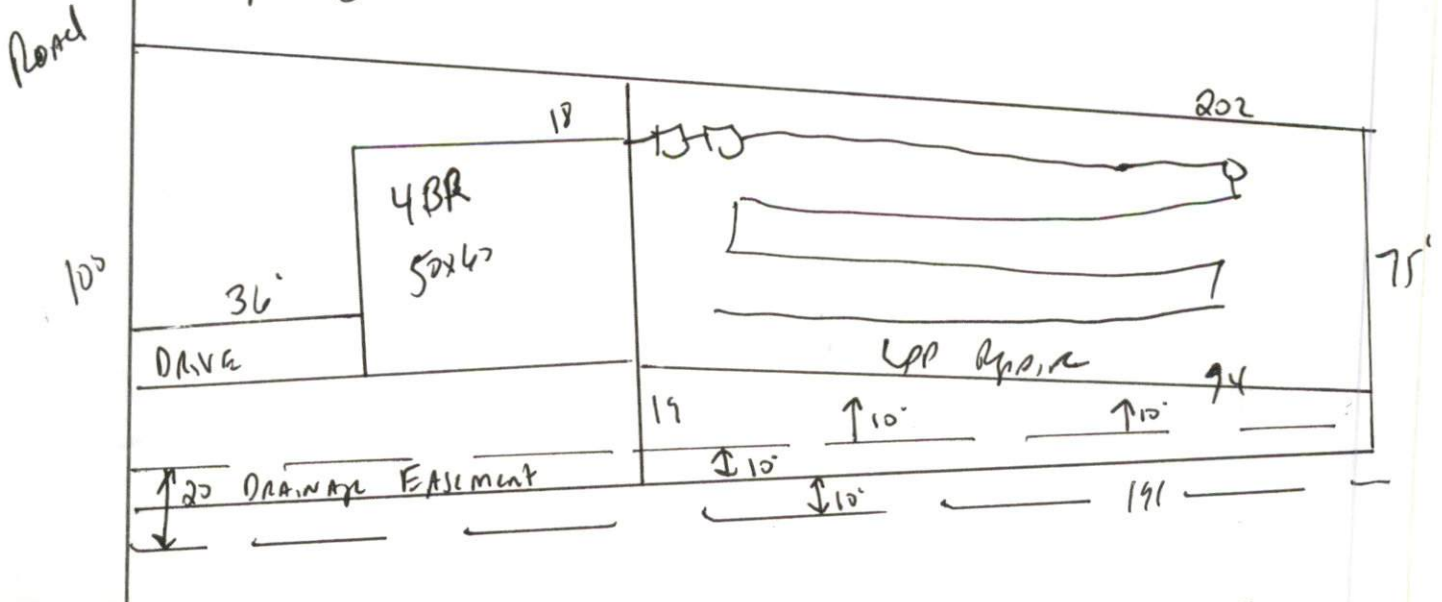
Date: 6-1-06

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

**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

Meet onsite for Final Layout  
STUB out Plumbing shallow  
At ground level or higher  
Pump may not be Required

Signed: [Signature]  
Environmental Health Specialist



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 # 23024. 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.*

Caines Land  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1125  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Woodshire 134 4(50x60) 480 sqd .40ac  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ # Bedrooms Proposed \_\_\_\_\_ Lot Size \_\_\_\_\_

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines  
[ ] Conventional  Other Pump to 25% Reduction SYSTEM  
[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback: \_\_\_\_\_ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 210 Ft.  
Width of ditches 3 ft. Depth of ditches 18-24 inches OF 25% Reduction SYSTEM  
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]  
Signature of Authorized Agent for Harnett County

6-1-06  
Date