

HTE# 06-500 15318

IMPROVEMENT PERMIT 23097

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# 1117 Nitrification Line Expansion

Subdivision Woodshire Lot # 138

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (50x60) 480 sq ft Lot Size: 0.35 ac

Basement with Plumbing: Garage: Please note - 2nd Plumbing is installed

Water Supply: Well Public Community out shallow enough to maintain 18"-24"

Distance From Well: 50 ft. Pitch Ditcher Pump may not be required

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 3 ft. of each ditch 70 ft. ditches 3 ft. ditches 18.24 in.

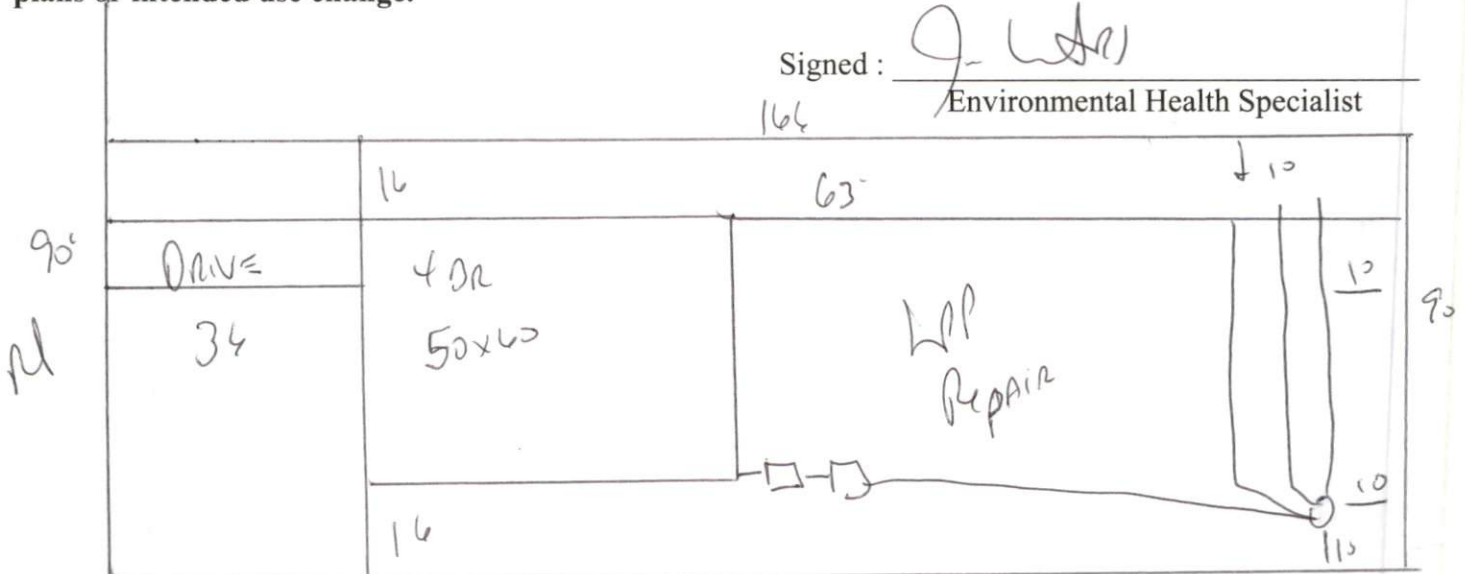
French Drain Required: _____ Linear feet of 25% Reduction system

Date: 07-17-06

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



Meet onsite for Final Layout
Stub out Plumbing shallow
Maintain All set Back.

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 # 23097. 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
Name _____ Telephone # _____

Address _____

1117

Property Location SR# _____ Road Name _____

Woodshire 138 4(50x60) 400 gpd 35 Ac
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 3 Length of lines 70 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.

Joe Waters 07-14-06
Signature of Authorized Agent for Harnett County Date