

HARNE COUNTY HEALTH DEPARTMENT

HTE# 06-50015320

IMPROVEMENT PERMIT 23098

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 # 739

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x46) 360 sqd Lot Size: .35

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 Pumps 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 1824 in.

French Drain Required: _____ Linear feet

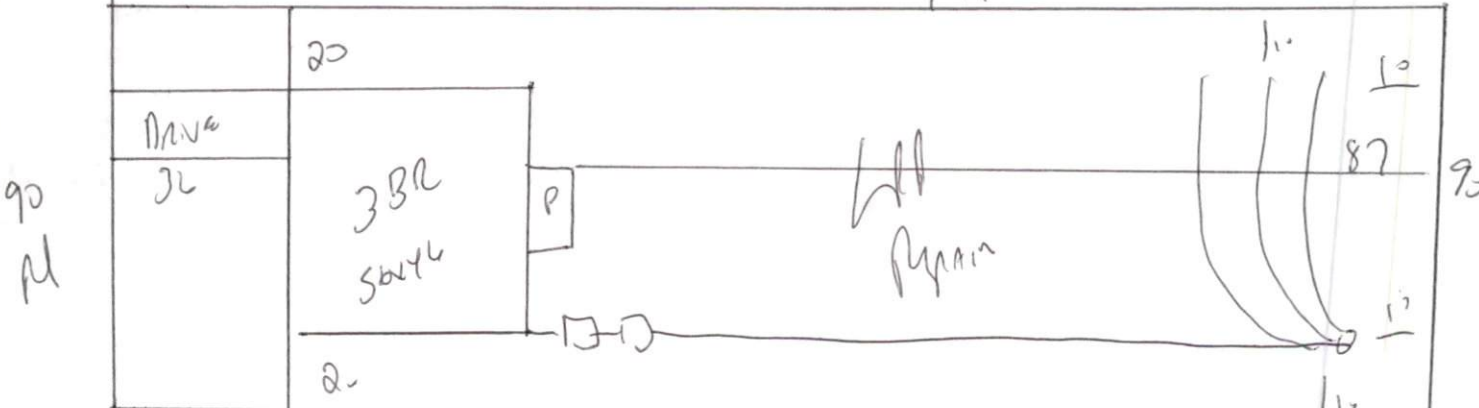
Date: 07-14-08

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
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Meet on site Final layout MAY change



57a B out Plumbing shallow where shown & if 18x24 Ditch depth can be maintained then pump may not be required. Maintain all setbacks

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 # 23098. 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.*

Name Caviness Ward Telephone # _____

Address _____

Property Location SR# 1117

Subdivision Woodshire Lot # 139 # Bedrooms Proposed 3 (56x76) 300 sq ft Road Name RD 1 Lot Size _____

TYPE OF SYSTEM

- New Installation [] Repair
- Septic Tank
- Nitrification Lines
- [] Conventional
- Other Pump To Conventional
- [] 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 3 ft. Depth of ditches 18.24 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 Joe West RS Date 07-14-06