HTE# 06-500 15409

IMPROVEMENT PERMIT 23189

construction of	ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a writte the Harnett County Health Department."
Name: (own	ner) Cavines Land Devi New Installation Septic Tank Repair
Property Lo	cation: SR# 1117 Nitrification Line Expansion
Subdivision	Lot # / T?
Tax ID#	Bedrooms Proposed: 3(56×46) 363 ppd Lot Size: 32 Ac
Basement w	rith Plumbing: Garage:
	ly: Well Public Community
Distance Fro	om Well:ft.
Following is	s the minimum specifications for sewage disposal system on above captioned property.
	final approval.
Type of syst	tem: Strand Conventional Other
Size of tank	: Septic Tank: gallons Pump Tank: gallons
Subsurface	No. of exact length width of depth of eld ditches f . of each ditch f . of each ditches f .
Drainage Fi	eld ditchesft. of each ditchft. ditchesft. ditchesft. ditchesin.
French Drai	In Required:Linear feet Date: 08-14-06
This permi	t is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or in	tended use change.
	Signed: Environmental Health Specialist
	Environmental Health Specialist
	110 22 110
2 91	36'
12	3 BR 2000
Port 1	I beginn
Du. Ve	0 242 6 99"
	Dave
.]	
3)	22 110
	STUB Out Mumbing shallow at ground level or higher where shown
	Maintain All Set Bachi

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 # 23 8 . 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.
CAVINESI LANC
Telephone #
Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches 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.
Or Wredes 08-14-06
ignature of Authorized Agent for Harnett County Date