

HTE# 06-500-15433

# IMPROVEMENT PERMIT

23199

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 # 148

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

Number of Bedrooms Proposed: 3 (56x41) 360 sqd Lot Size: .36 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 25% Reduction SYSTEM

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

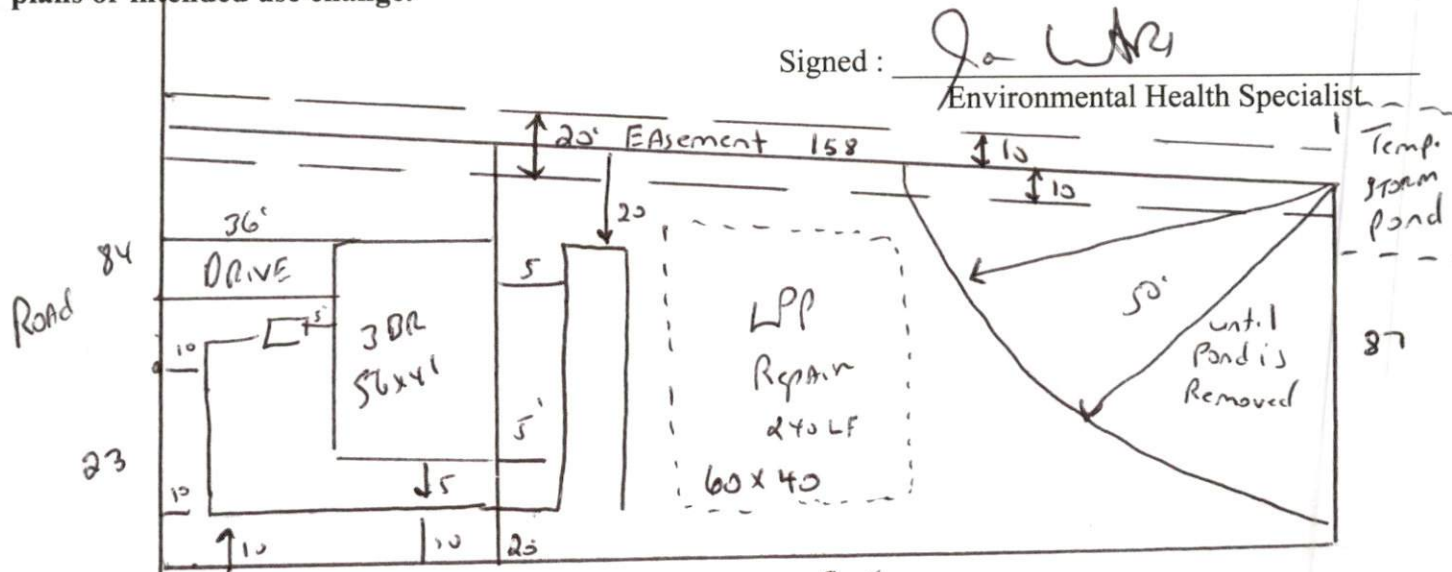
Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18" or 1824 in.  
of 25% Reduction SYSTEM

French Drain Required: \_\_\_\_\_ Linear feet

Date: 08-24-06

**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



STUB out Plumbing shallow at ground level or higher  
Maintain All setbacks  
meet on site.

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 # 23199. 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 Dev  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1117  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Woodshin 14% 3(56x41) 360 gal 36 AC  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

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

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.  
Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 150 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 West RS \_\_\_\_\_ 08-24-06  
Signature of Authorized Agent for Harnett County Date