

HTE 03-5-8490

IMPROVEMENT PERMIT

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.
Property Location: SR# 1117
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Woodshire Lot # 6

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (58x34) Lot Size: .5 AC

Basement with Plumbing: Garage: X

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

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

Subsurface Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

Date: 01-07-04

Signed: [Signature]

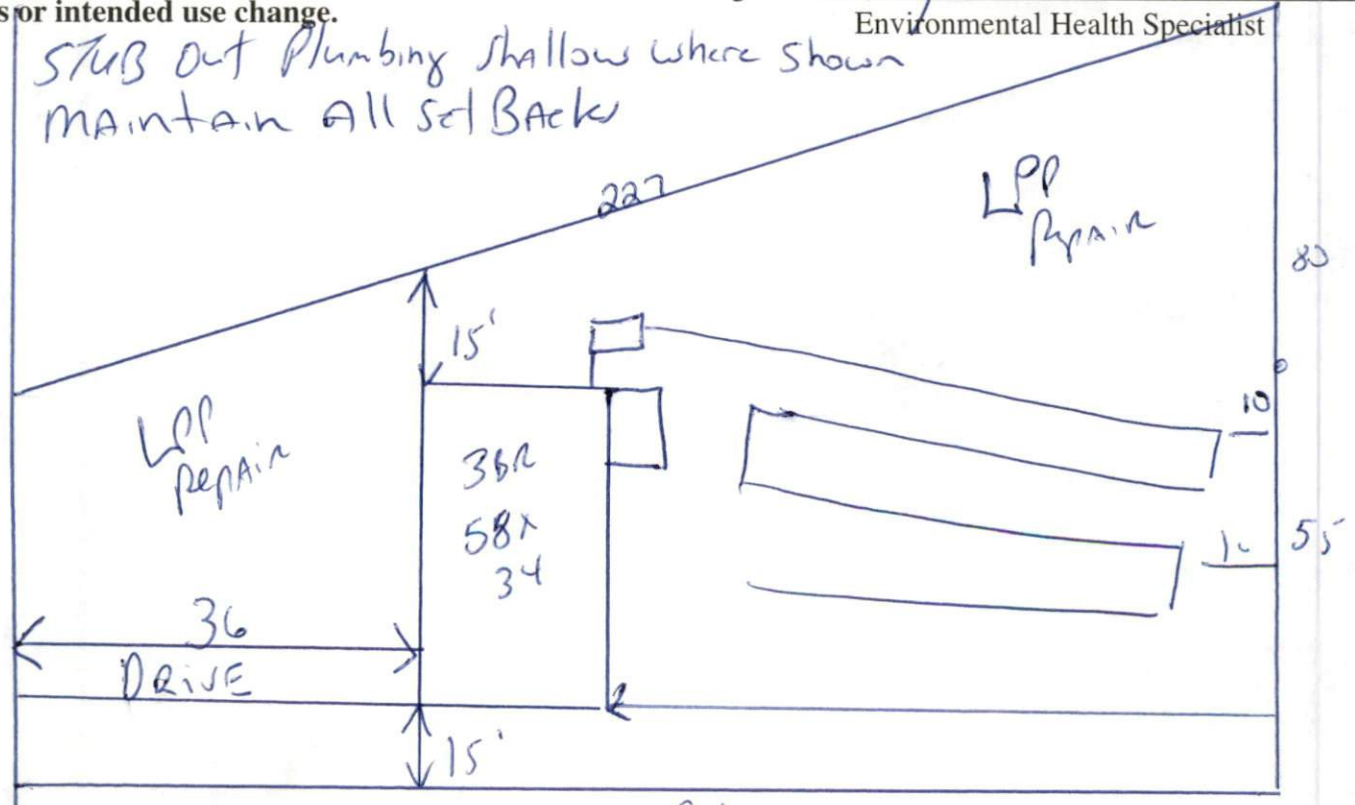
Environmental Health Specialist

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

Handwritten notes: STUB out Plumbing shallows where shown maintain all set backs

Handwritten note: LPP Repair

Handwritten note: LPP Repair



Handwritten note: Dup BAR

Handwritten note: 80'

Handwritten note: 80'

Handwritten note: 55'

Handwritten note: 201

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21057. 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 CAVINEL Land Dev. Telephone# _____

Address 1117

Property Location SR# _____ Road Name _____

Subdivision Wood Shire Lot # 6 # Bedrooms Proposed 3(58x34) Lot Size 0.5AC

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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 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]
Signature of Authorized Agent for Harnett County of Harnett

01-07-04
Date