

HTE 03-5-8494

IMPROVEMENT PERMIT

21059

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) CAVINCH Land Dev
Property Location: SR# 1117
New Installation [checked]
Repairs [unchecked]
Septic Tank [unchecked]
Nitrification Line [checked]

Subdivision Woodshire Lot # 21

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56 x 35) Lot Size: 0.41 Ac

Basement with Plumbing: [unchecked] Garage: [unchecked] NOTE MAY NOT Require Pump

Water Supply: [unchecked] Well [unchecked] Public [unchecked] Community STUB OUT Plumbing Shallow (at

Distance From Well: _____ ft. Ground level or higher) & Pump may not be Needed

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [unchecked] Conventional [checked] Other Pump to Conv.

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

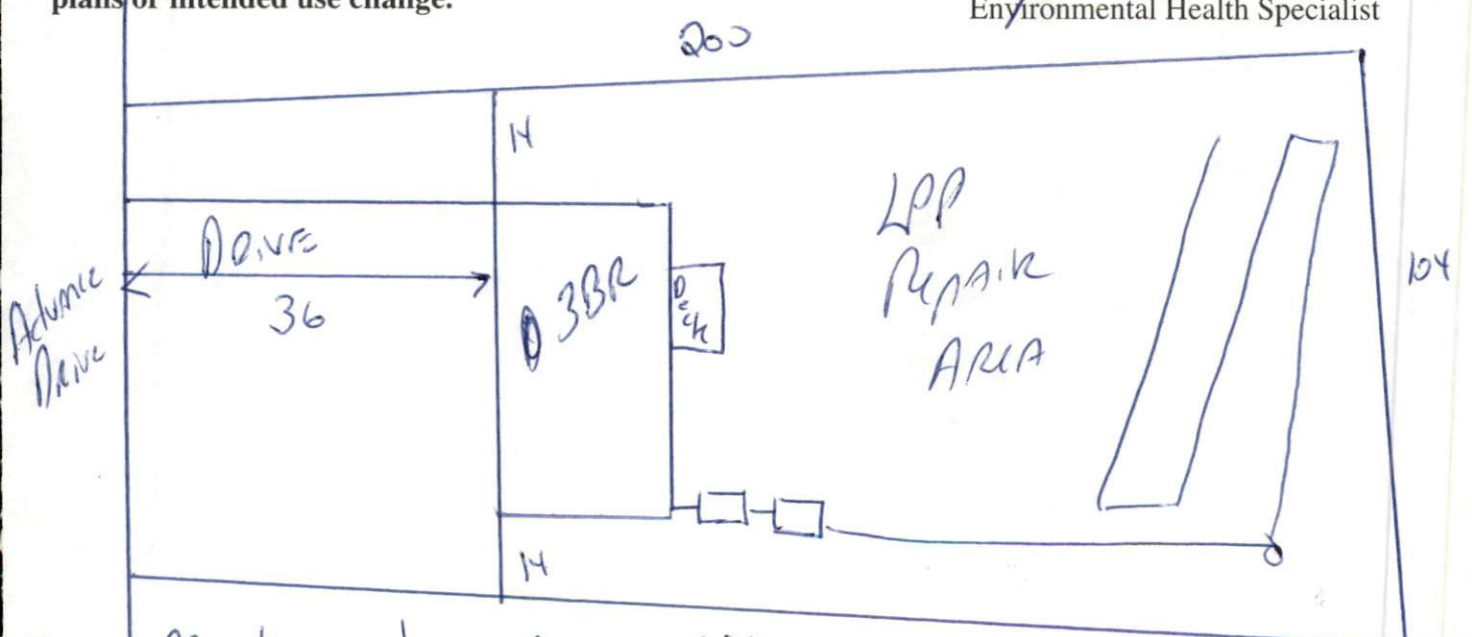
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

French Drain Required: _____ Linear feet

Date: 01-07-04

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

Signed: [Signature] Environmental Health Specialist



Meet onsite before installing 18 1/4
Pump may not be needed if plumbing is stubbed out where shown & shallow (at ground level or higher). I will need to meet onsite to determine if pump is needed

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21059. 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.

Cannon Land Dev.
Name _____ Telephone# _____

1117
Address _____

Woodbine Property Location SR# _____ Road Name _____

21 Subdivision _____ Lot # _____ # Bedrooms Proposed 3(56x35) Lot Size 7/100

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump to Conv.

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 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