

HTE 04-5 8827

IMPROVEMENT PERMIT

20694

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 New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line

Subdivision Highland Forest Lot # 104

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (60x56) Lot Size: .34 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.

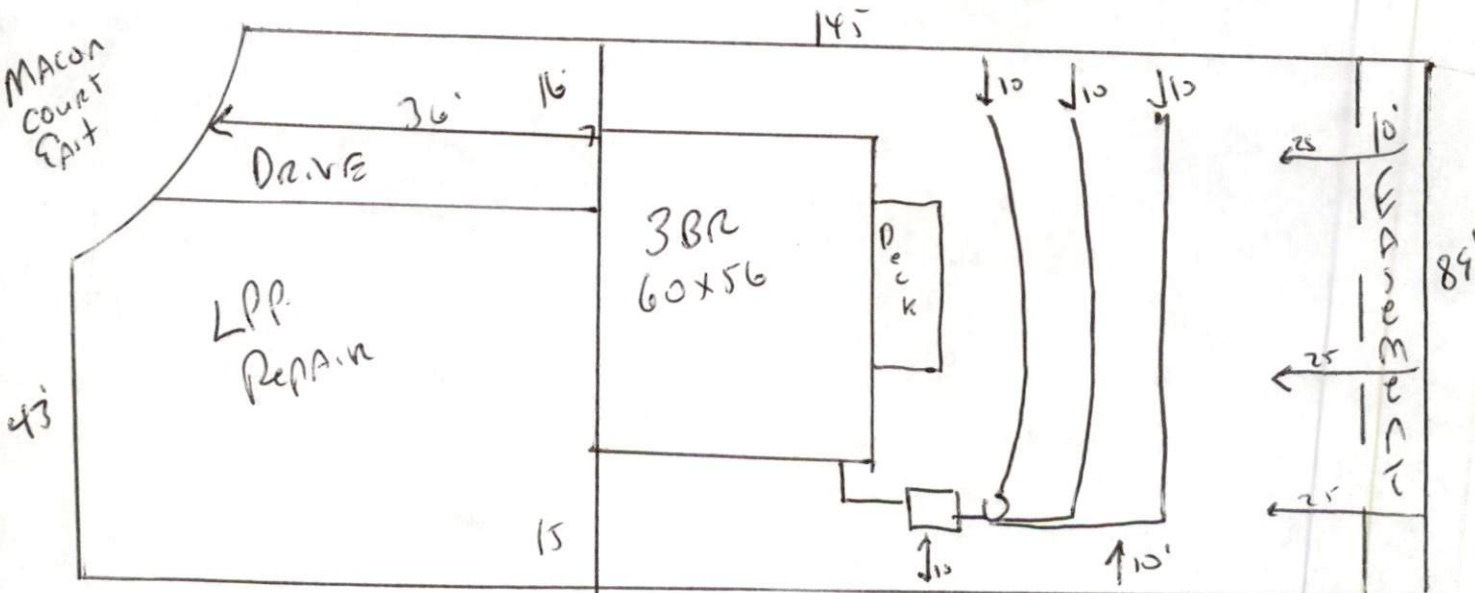
Type of system: Conventional Other 25% Reduction SYSTEM

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet OF 25% Reduction SYSTEM
 Date: 03-18-04

This permit is subject to revocation if site plans or intended use change. Signed: [Signature]
 Environmental Health Specialist



MUST meet onsite Before Installing
 Maintain All set Backs keep Drain Lines 25' from Rear Property Line
 or 15' from Top of Ditch - which ever is greatest
 IF using Chamber Must Place washed stone along trenches to
 prevent clogging

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 # 20694. 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

Name

Telephone #

Address

1141

Property Location SR#

Road Name

Highland Forest 104

3 (60x56)

0.34 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 3 Length of lines 50 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 W. J. S. S.

Signature of Authorized Agent for Harnett County

03-18-04

Date