

HTE 04-5-8828

IMPROVEMENT PERMIT

20693

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

Subdivision Highland Forest Lot # 106

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (50x50) Lot Size: 0.35 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

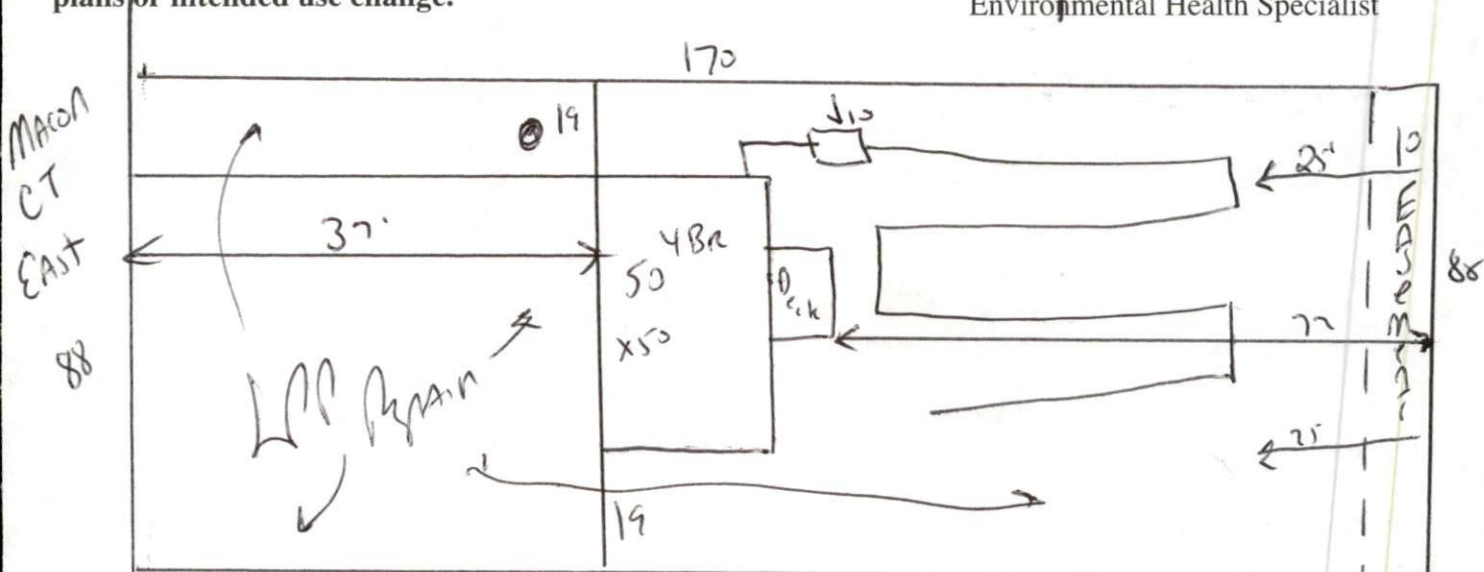
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 210 ft. width of ditches 3 ft. depth of ditches 18" x 18" in.

French Drain Required: _____ Linear feet of 25% Reduction system
Date: 3-18-04

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

Signed: [Signature]
Environmental Health Specialist



Meet onsite Before installing
STUB Out Plumbing shallow where shown
Keep drain Lines 25' from MAGN Property Line or 15' from Top of
Ditch- whichever is greater. If using chamber must place
washed stone Along Louvers 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 # 20693. 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.*

CANNES Land

Name _____ Telephone # _____

Address _____

1141

Property Location SR# _____ Road Name _____

Highland Forest 106 4 (50x50) 35 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 210 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.

Joe W. [Signature]

Signature of Authorized Agent for Harnett County

03-18-04

Date