

HTE 04-5-9317

# IMPROVEMENT PERMIT

20572

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) CAVINES Land Dev  New Installation  Septic Tank  
Property Location: SR# 1141  Repairs  Nitrification Line

Subdivision The Summit Lot # 72

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

Number of Bedrooms Proposed: 3 (56x33) Lot Size: .37 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 \_\_\_\_\_

Size of tank: Septic Tank: 000 gallons Pump Tank: \_\_\_\_\_ gallons

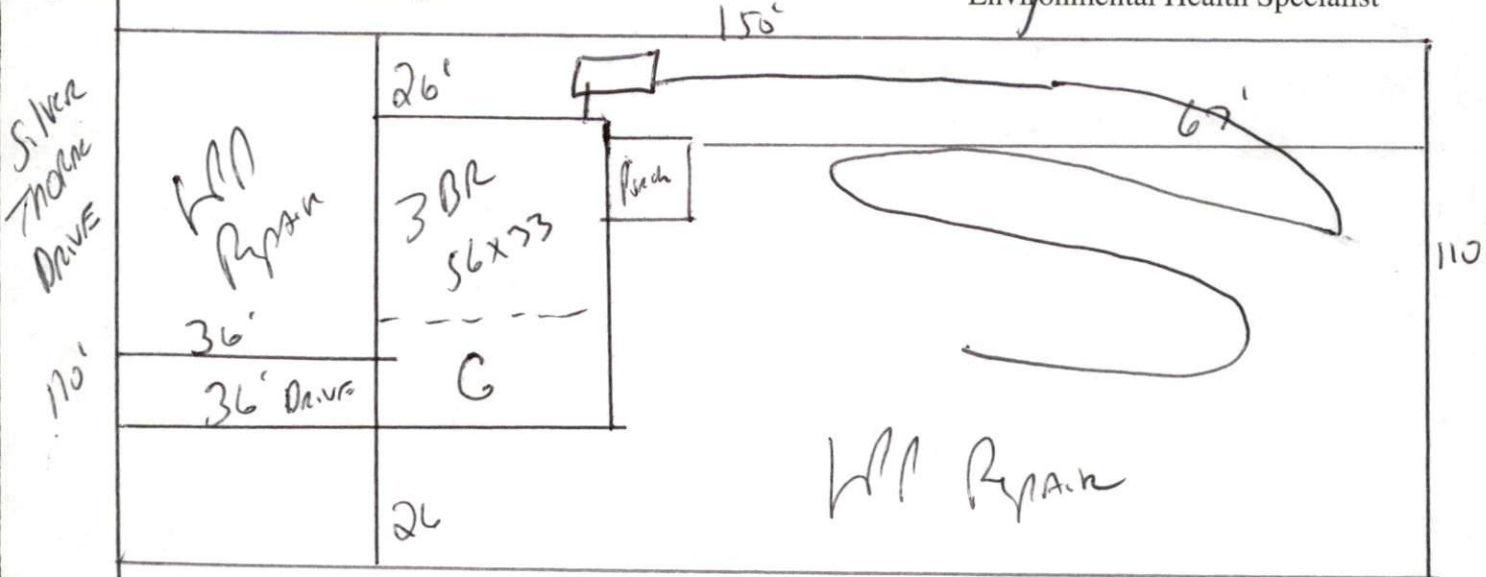
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 05-05-04

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

Signed: Joe Waters  
Environmental Health Specialist



STUB OUT Plumbing shallow  
MAINTAIN ALL SETBACKS

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20572. 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 \_\_\_\_\_  
The Summit 72 3(56x33) 37m  
Subdivision Lot # # Bedrooms Proposed Lot Size

**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: 50 Ft.  
Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION 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.

Joe West RS 05-05-04  
Signature of Authorized Agent for Harnett County Date