

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) TERRI CIECI New Installation Septic Tank
 Property Location: SR# NC 24/27 Repairs Nitrification Line
MCCOY TOWN
 Subdivision Sheepwood Forest Lot # 35

Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (28x64) Lot Size: 1/2 ac

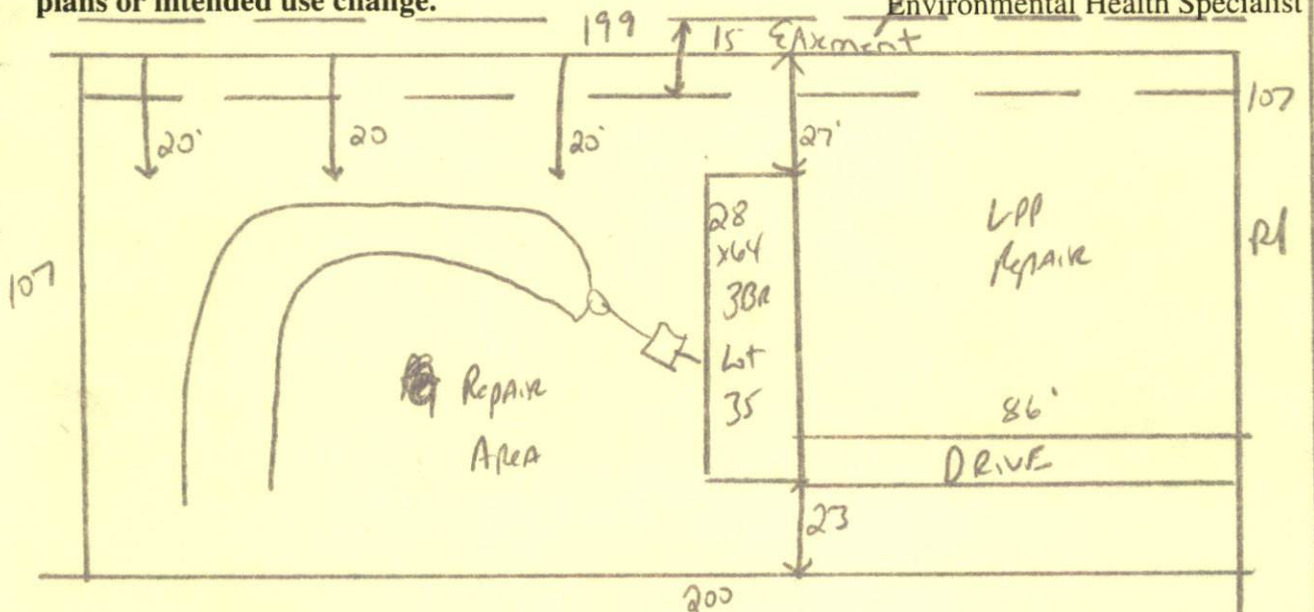
Basement with Plumbing: Garage: MUST USE FILTER - IF TANK IS ~~REPAIRED~~ HAS MORE THAN 6" OF COVER RISERS REQUIRED
 Water Supply: Well Public Community IF LESS THAN 6" OF COVER APPROVED MARKS CAN BE USED
 Distance From Well: 50 ft.

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 2 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-30 in.
 French Drain Required: _____ Linear feet

Date: 5-25-99
 Signed: J. W. WOODS
 Environmental Health Specialist

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



STUB OUT PLUMBING SHALLOW
 18-20" Ditch Depth
 Keep System 20' From Lot 36/35 Property Line DRAWING EXAMINED

**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 # 15602. 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.

Owner or Authorized Agent TERRI Cieri

Name: _____ Telephone # _____

Address: _____

Property Location: SR # Nc 24/27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Shelwood Forest Lot # 35

Number of Bedrooms Proposed: 3 Lot size: 1/2 AC

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 80

Width of ditches 3 ft. Depth of ditches 18-30 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 5-25-99