

HTE 02-5-410RR

IMPROVEMENT PERMIT

21343

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) Robert & Terri Cieri
Property Location: SR# NC24127
New Installation [checked] Septic Tank [checked]
Repairs [unchecked] Nitrification Line [checked]

Subdivision The Highlands @ Sherwood Forest Lot # 20

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (42x76) Lot Size: .52 AC

Basement with Plumbing: [unchecked] Garage: [checked]

Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked]

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: [checked] Conventional [unchecked] Other _____

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

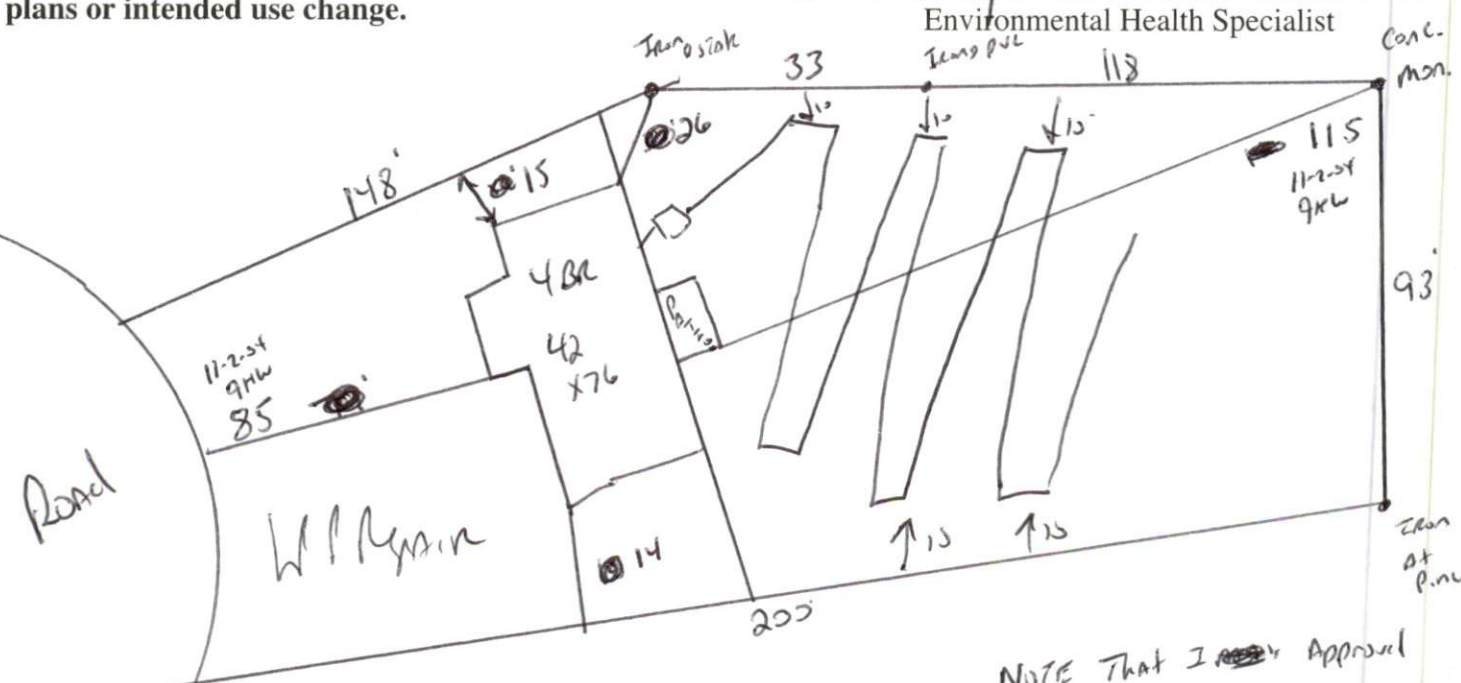
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 320 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 10-19-04

Signed: [Signature] Environmental Health Specialist

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



MAINTAIN ALL SET BACKS
STAB OUT PLUMBING SHALLOW

NOTE That I [Signature] Approval
Changes in set backs on
11-2-04

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 # 21343. 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.*

Robert & Terri Cicci

Name _____ Telephone # _____

Address _____

NC 24/27

Property Location SR# _____ Road Name _____

The High Lands 20 4(42,76) _____
Subdivision Sheppard Lot # # Bedrooms Proposed Lot Size 1.52 ac
Forest

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 320 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

Signature of Authorized Agent for Harnett County

10-19-04
Date