

IMPROVEMENT PERMIT

03-5-5977

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 & Leean Cicci  New Installation  Septic Tank  
 Property Location: SR# NC 24/27  Repairs  Nitrification Line

Subdivision The Highland @ Sherwood Forest Lot # 28

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

Number of Bedrooms Proposed: 3 (42x60) Lot Size: .57 ac

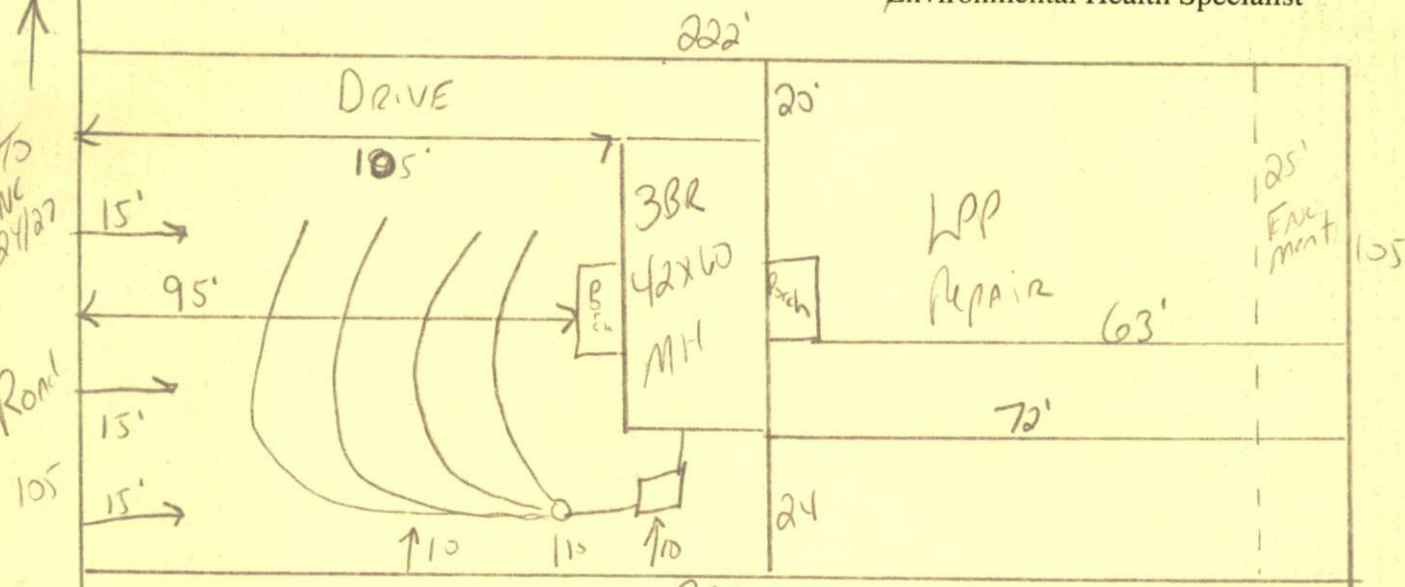
Basement with Plumbing:  Garage:  PLEASE NOTE CHANGE IN HOUSE & DRIVE LOCATION  
 Water Supply:  Well  Public  Community  
 Distance From Well: 50 ft.

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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
 Subsurface Drainage Field No. of ditches 4 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18" x 4 in.  
 French Drain Required: \_\_\_\_\_ Linear feet

Date: 12-2-02  
 Signed: [Signature]  
 Environmental Health Specialist

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



Please note changes in house and drive location  
 MAINTAIN ALL SET BACKS, DO NOT DRIVE OR PARK ON  
 SEPTIC SYSTEM



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 # 19910. 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.

Name Robert & Terri Cizni Telephone # 499-2424

Address NC 24/27

Property Location SR# The Highland @ Sheewood Ford 28 Road Name 3 (42x60) Lot size 53 AC  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ # Bedrooms Proposed \_\_\_\_\_

**TYPE OF SYSTEM**

New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines

Conventional Other \_\_\_\_\_ [ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well [ ] Public - Minimum Well Setback: 50 Ft.  
Septic Tank 1000 Pump Chamber \_\_\_\_\_

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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.

Signature of Authorized Agent for Harnett County [Signature] Date 12-20-22