

IMPROVEMENT PERMIT

01-5-2839

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) Pine Grove Dev. Corp
Property Location: SR# 1115
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision FARM @ 5 Ponds Lot # 7

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (27x76) Lot Size: .58 AC

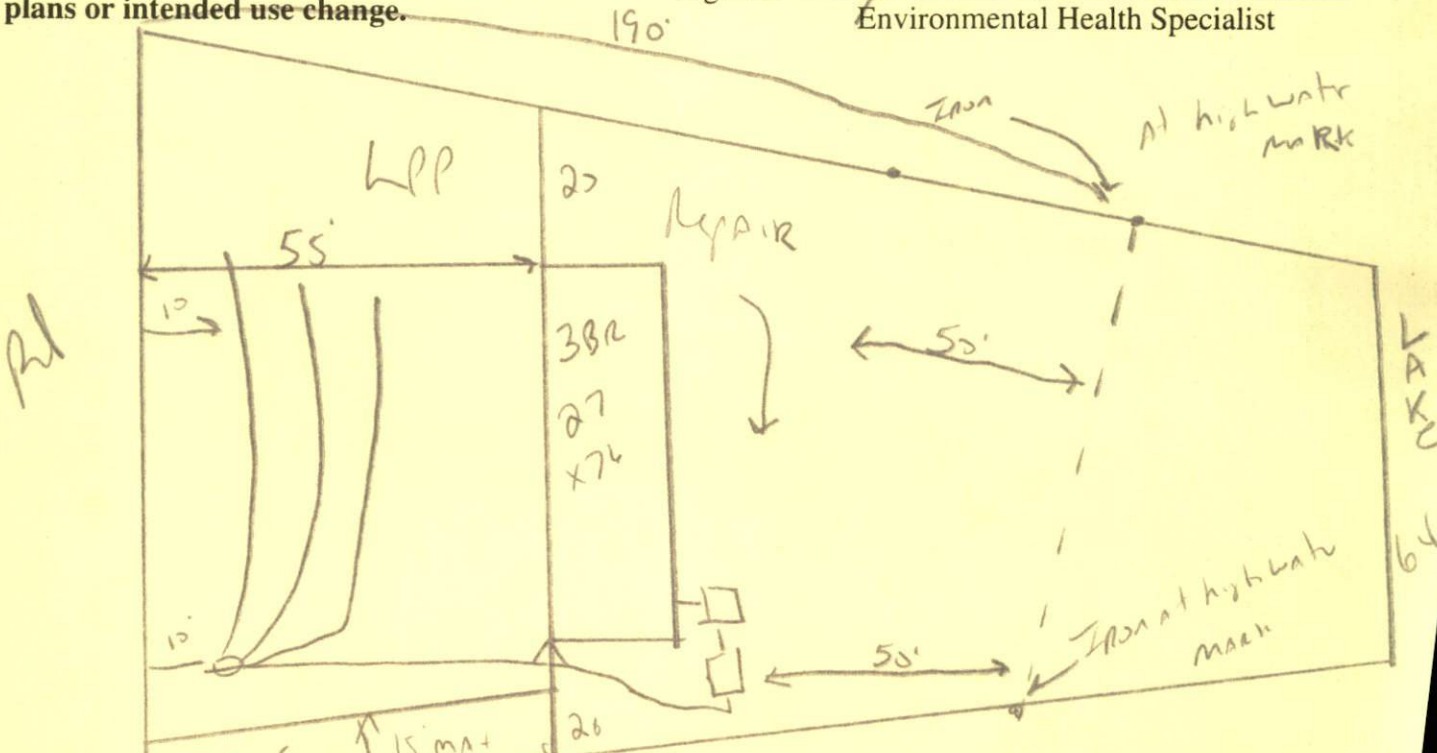
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 55 ft.
NOTE changes in how location

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to conventional
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface Drainage Field No. of ditches 3 exact length 80 ft. width of ditches 3 ft. depth of ditches 18 in.
French Drain Required: Linear feet

Date: 8-23-01
Signed: Joe Waters
Environmental Health Specialist

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



Meet onsite Before Installing 18" Ditch Depths
Keep system 50' from All surface water
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

HARRNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18504. 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 Pine Grove

Name: _____ Telephone # 498-2204

Address: _____

Property Location: SR # 1115 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Farm Q 5 Ponds Lot # 7

Number of Bedrooms Proposed: 3(27x76) Lot size: 0.58 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 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 18 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: Joe W. [Signature] Date: 8-23-01