

IMPROVEMENT PERMIT

01-5-3167

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. New Installation Septic Tank
Property Location: SR# 1114 Repairs Nitrification Line

Subdivision FARM at 5 Ponds Lot # 53

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x72) Lot Size: _____

Basement with Plumbing: Garage: Plax NOTE This lot IS

Water Supply: Well Public Community RESTRICTED TO A 3BR HOME

Distance From Well: 50 ft. only

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

Type of system: Conventional Other Pump To Chamber SYSTEM

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

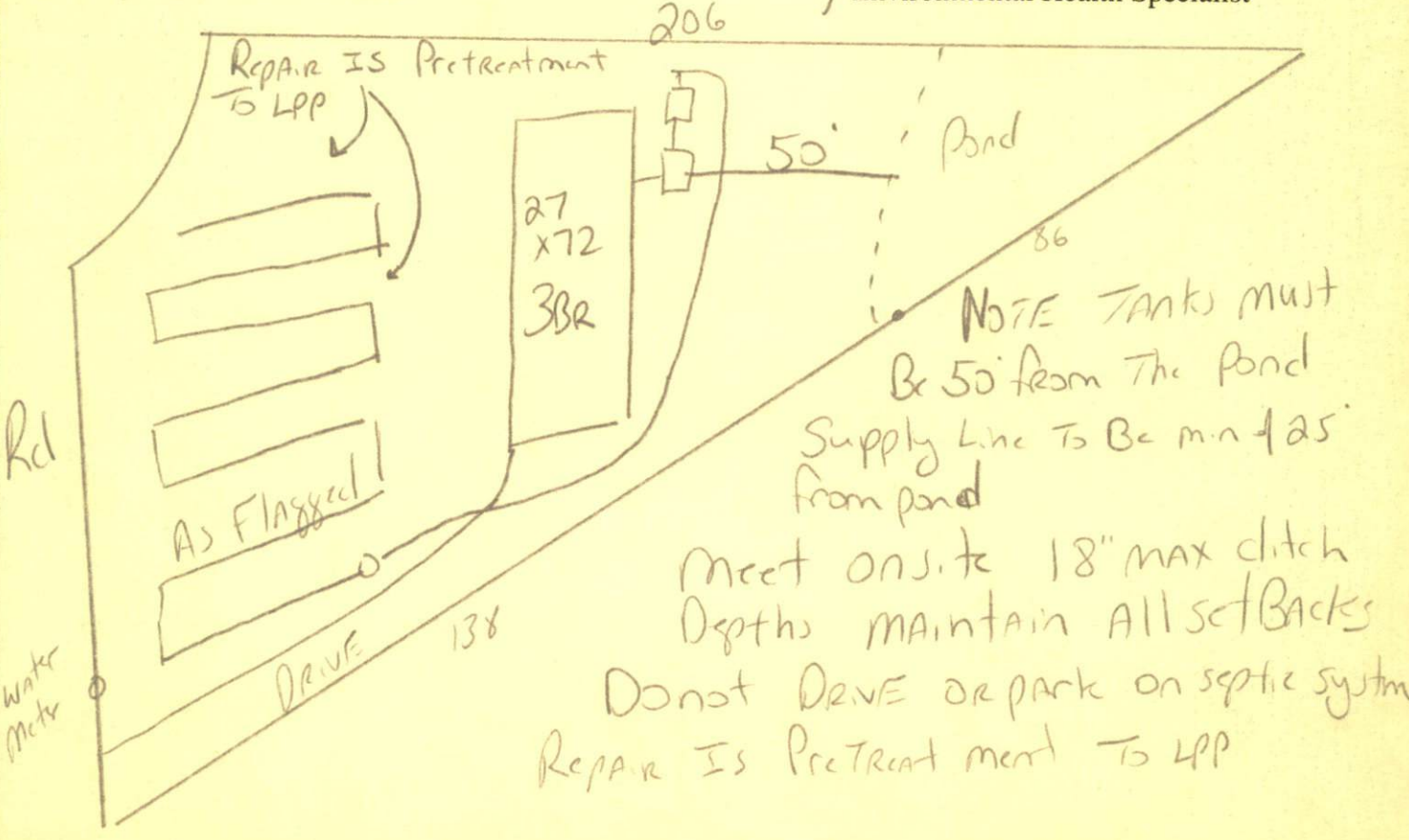
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in. MAX

French Drain Required: _____ Linear feet Chamber

Date: 11-8-01

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

Signed: Joe Weber
Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT
AU THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18930. 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 Dev.

Name: _____ Telephone # 498-2204

Address: _____

Property Location: SR # 1114 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Farm @ 5 Ponds Lot # 53

Number of Bedrooms Proposed: 3(27x72) Lot size: _____

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 1 Length of lines 300

Width of ditches 3 ft. Depth of ditches 18 inches Chamber

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: 11-8-01

(Revised 2/96)CNSTRCT.WPD