

IMPROVEMENT PERMIT

02-5-4114

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. Property Location: SR# 1115
New Installation Septic Tank
Repairs Nitrification Line

Subdivision Liberty Ridge Lot # Lot 4 (which is 4114 cont'd)

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (27x76) Lot Size: .83 ac

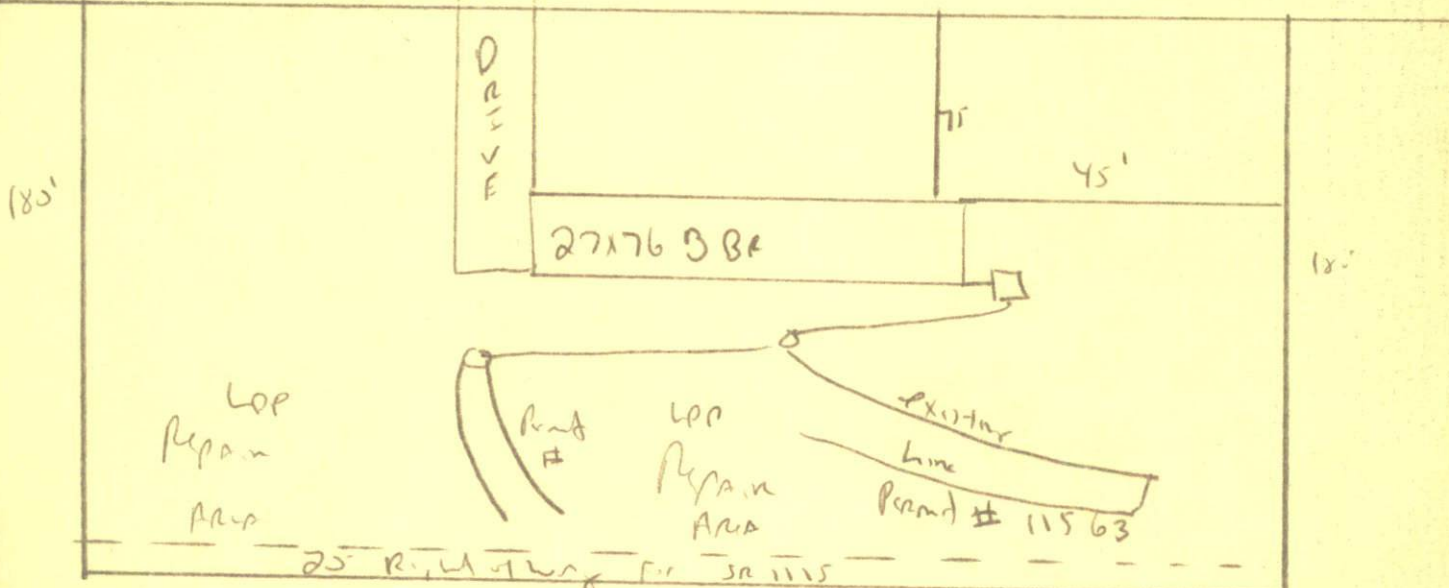
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

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 exact length width of depth of
of each ditch ft. ditches ft. ditches in.
French Drain Required: Linear feet

Date: 3-11-02
Signed: Forest Manor Environmental Health Specialist

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



Must meet onsite before installing
Maintain all set backs - do not drive or park on septic system
Destroy the old tanks out there

HARNETT 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 # 18740. 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.

Pine Grove Dr 919-498-2204  
Name Telephone #

Address

1115  
Property Location SR# Road Name

Liberty Ridge 4 3(27x76) .83 AC  
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional Other \_\_\_\_\_

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public - Minimum Well Setback: \_\_\_\_\_ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields \_\_\_\_\_ # of lines per field exisy Length of lines \_\_\_\_\_ Ft.

Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ 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.

J. Williams 03-11-02  
Signature of Authorized Agent for Harnett County Date