

IMPROVEMENT PERMIT

03-5-5856 Rev

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# H-41

Repairs Nitrification Line

Subdivision Heather Brooke Est. Lot # 15

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x76) Lot Size: .62 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

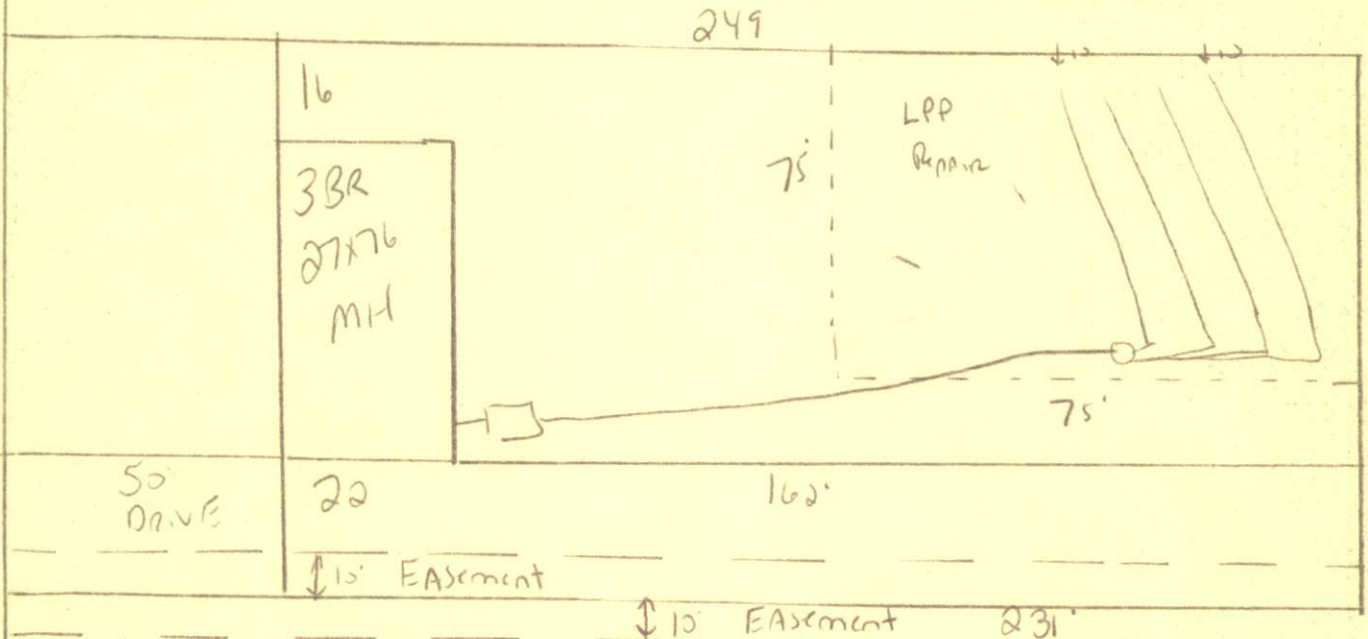
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

Date: 11-7-02

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

Signed: Joe W. ...
Environmental Health Specialist



Do not disturb the soil the 75x75 area designated septic area and repair. Maintain all set backs follow contours
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 # 19797. 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 Dev 498-2204
Name Telephone #

Address 1141

Property Location SR# Heather Brooke Road Name 6241
15 3(27x76)
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: 50 Ft.
Septic Tank 2/000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 50 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.

[Signature] 11-7-02
Signature of Authorized Agent for Harnett County Date