DUNTY HEALTH DEPARTMEN' HARNET

IMPHOVEMENT PERMIT 02-5-4525

Nº 19071

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."

Na	nme: (owner) Pine Grove Dev. Comp.	New Installation	Septic Tank		
Pro	operty Location: SR# NC 24127	Repairs	Nitrification Line		
Subdivision Wood Bridge Lot # 33					
	E ID !!				
	Number of Bedrooms Proposed: 3(27×74) Lot Size: 1.31 AC				
	Basement with Plumbing: Garage: Garage				
Wa Die	Water Supply: Well Public Community Location - Please make plot  Distance From Well: So ft.				
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.					
Type of system: Conventional Other May to Conventional					
Size of tank: Septic Tank:   Septic					
Subsurface No. of exact length width of depth of 10" MAX					
Dra	ainage Field ditches of each ditch	ft. ditches ft. d	litches / 8 in.		
Fre	ench Drain Required: Linear feet	1120			
Th	Date:	4.27.02			
This permit is subject to revocation if site plans or intended use change.  Signed:  Environmental Health Specialist					
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## NETT COUNTY HEALTH DEPARTM A HORIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit # 02-5-4525. 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	798-2201 Telephone #			
Name	U Telephone #			
Address				
NO 24/27				
Property Location SR#	Road Name			
Subdivision Subdivision	33 3(27×76) 1.31 n.			
Subdivision	Lot # # Bedrooms Proposed Lot size			
TYPE OF SYSTEM				
New Installation [ ] Repair   Septic Tank [ ] Nitrification Lines  [ ] Conventional Other				
[] Conventional Other My to Conve				
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well   Public - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines \( \frac{1}{2} \) 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.				
Jue MARI	4-24-02			
Signature of Authorized Agent for Harnett (	County Date			