

IMPROVEMENT PERMIT

03-5-7205

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# NC24/27
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Wood Bridge Lot # 12

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (27x56) Lot Size: .50 ac

Basement with Plumbing: Garage: DO NOT STUB OUT PLUMBING UNTIL I meet with septic contractor for final layout
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 Innovative Gravel less system

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

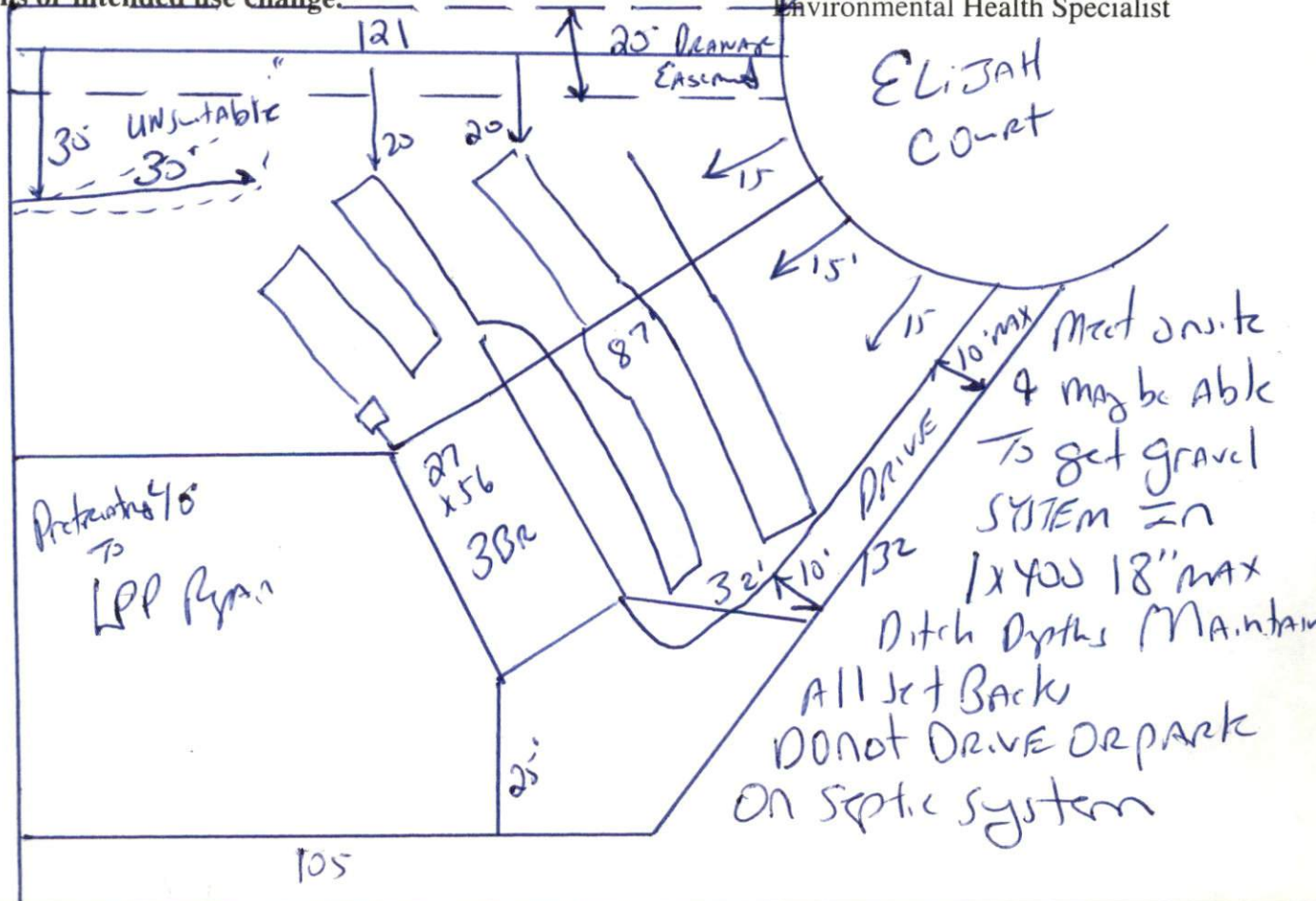
Subsurface Drainage Field No. of ditches 1 exact length 300 width of ditches 3 depth of ditches 18 max

French Drain Required: Linear feet

Date: 6-4-03

Signed: Joe Waters Environmental Health Specialist

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



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 # 19422. 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

Nc 24127

Property Location SR# Road Name

Wood Bridge 12 3(27x56) .50 Ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
- Conventional Other Innovative Gravelless System
- Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 MAX 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.

Joe W... 6-4-03
Signature of Authorized Agent for Harnett County of Harnett Date