

IMPROVEMENT PERMIT

03-5-6104

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. Corp. [X] New Installation [X] Septic Tank
Property Location: SR# 1114 [] Repairs [X] Nitrification Line

Subdivision Farm @ Five Ponds Lot # 55

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x76) Lot Size: 1.02 ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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 [X] Other Pump to Conventional

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

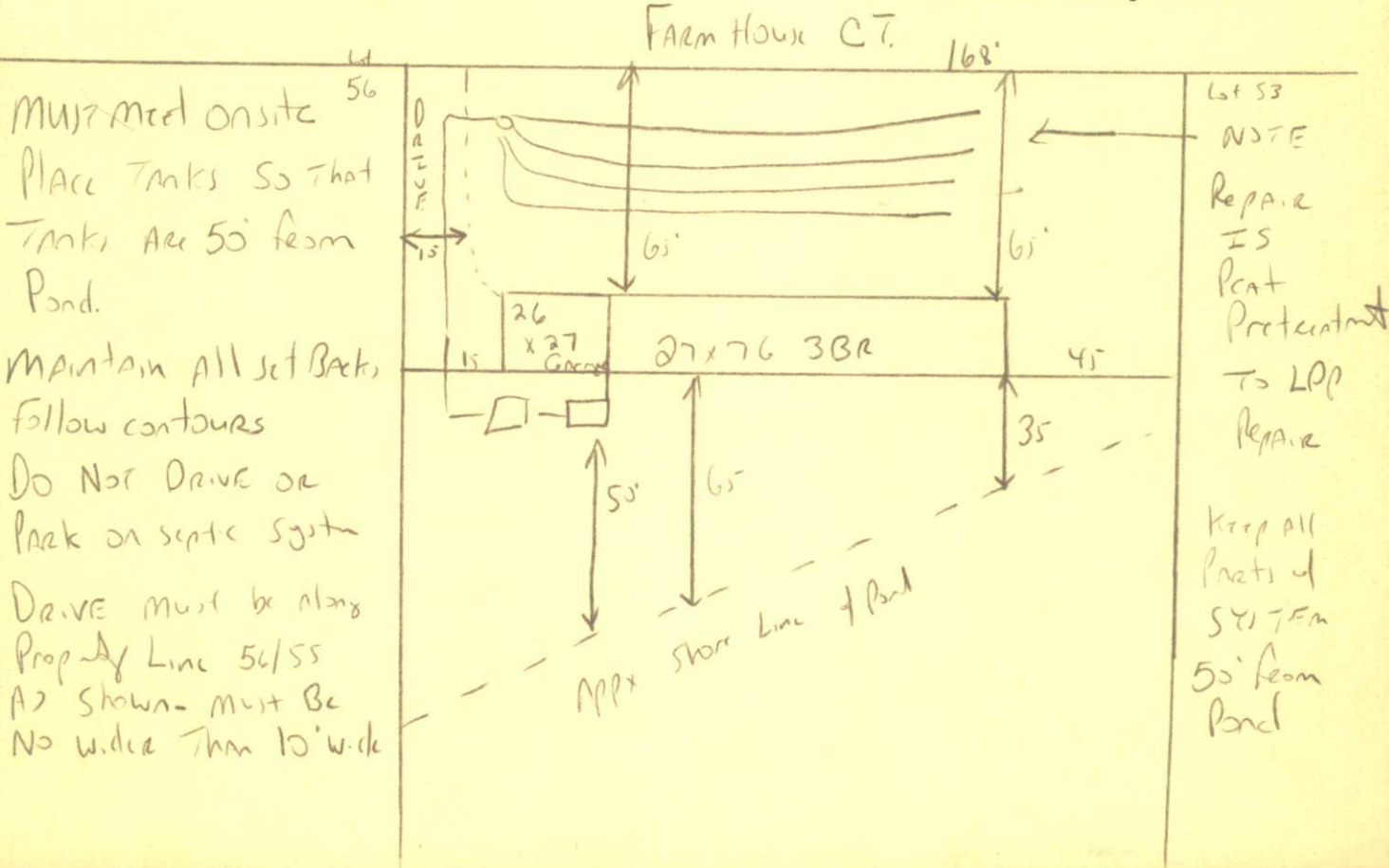
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 width of ditches 3 depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 01-06-03

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

Signed: Joe Waters Environmental Health Specialist



Maintain all set backs Place Tanks so that Tanks are 50' from Pond.

Maintain all set backs follow contours Do Not Drive or Park on septic system Drive must be along Property Line 56/55 as shown - must be no wider than 10' wide

NOTE Repair IS Part Pretreatment to LPP Repair Keep all Parts of SYSTEM 50' from Pond

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 # 19204. 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 Pine Grove Telephone # _____

Address _____

Property Location SR# 1114 Road Name _____
Subdivision Farm 0.5 Acre Lot # 55 # Bedrooms Proposed 3(27x76) Lot size 1.02 ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: _____ Ft.
Septic Tank 1000 Pump Chamber 1000

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 of Authorized Agent for Harnett County [Signature] Date 01-06-03