HARNIETT COUNTY HEALTH DEPARTM T

№ 19209

IN.. ROVEMENT PERM 1 03-5-6185

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

| tion of any building at which a septic tank system is to be used for disposal of sewage without first obtain from the Harnett County Health Department." |                    |
|--|--------------------|
| Name: (owner) Pinc Grove Des. Cong New Installation  | Septic Tank        |
| Name: (owner) Name: (owner) Property Location: SR# N(24/27 Repairs   | Nitrification Line |
| ann Ishad Rada   | • 44               |
| Subdivision Wood Bridge Lot #_   |                    |
| Tax ID # Quadrant #  Number of Bedrooms Proposed: 3(27x 48) Lot Size: 50 AC  |                    |
| P  |                    |
| Basement with Plumbing: Garage: Water Supply: Well Public Community  |                    |
| Water Supply: Well Public Community  Distance From Well: ft.   |                    |
| Following is the minimum specifications for sewage disposal system on above captioned proprinal approval.  Type of system:  Other                        | perty. Subject to  |
| Size of tank: Septic Tank: gallons Pump Tank: gallons  | S                  |
| Subsurface Drainage Field  No. of depth of each ditch ft. ditches ft. depth ditches ft. ditches  |                    |
| French Drain Required: Linear feet   |                    |
| This permit is subject to revocation if site plans or intended use change.  Date:  | Specialist         |
| STUB Out Clumbins  Shallow  18 24" Pitch Opithi  Do Not Paint De 4 36 330 27x48  Pank on Syric  SYSTEM  WAINTAIN All Sct Boits                           | Lypaine Lypaine    |

## HARNETT COUNTY HEALTH DEPARTMENT AU' DRIZATION TO CONSTRU

| Harnett County Health Departme              | construct a wastewater system to the specifications described by ent, Improvement Permit # $\frac{1909}{1000}$ . This |
|---|---|
| authorization shall be valid for a          | period not to exceed five (5) years from the date of issuance.  f ownership, site plans, or intended use change.      |
| I'm Gove Devi                               | 498-2204  |
| Name  | 7 (8 - 2 20 1<br>Telephone #  |
|   |   |
| Address NC24/27                             |   |
| Property Location SR#                       | Road Name   |
| Wood Bridge                                 | 46 3(27x48) SOAC  |
| Subdivision                                 | Lot # # Bedrooms Proposed Lot size  |
| New Installation [ ] Repair                 | TYPE OF SYSTEM    Septic Tank [ Nitrificiation Lines  |
| Conventional Other                          | [ ]Basement [ ]With Plumbing [ ] Without Plumbing   |
| Water Supply: [ ] Well [ Public Septic Tank | Minimum Well Setback: 55 Ft. Pump Chamber   |
| NITR  | AFFICATION FIELD SPECIFICATIONS   |
| Number of fields# of lines                  | s per field Length of lines Ft.   |
| Width of ditchesft. Dept                    | th of ditches local inches  |
| French Drain: Linear feet required _        | Depth of gravel   |
| No wastewater system sha                    | all be covered or placed into use by any person until an  |
| inspection by the Harnett Co                | ounty Health Department has determined that the system  |
|   | g to the conditions of the Improvement Permit and that a Operations Permit has been issued.                           |
| De WAR                                      | 5 01-09-03  |
| Signature of Authorized Agent for Harnett   | County Date   |