

IMPROVEMENT PERMIT

No 20003  
03-5-6824

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# NC 24/27  Repairs  Nitrification Line

Subdivision Wood Bridge Lot # 43

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

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

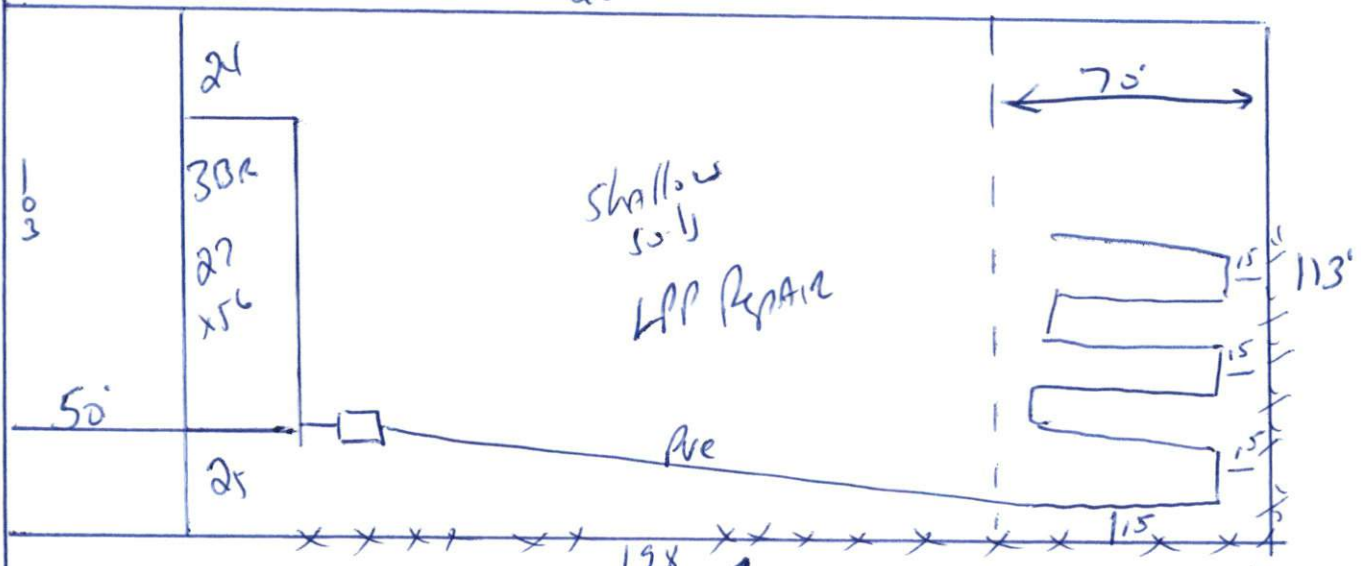
Basement with Plumbing:  Garage:  Do not cut or Bench  
Water Supply:  Well  Public  Community Where house site is A+  
Distance From Well: 50 ft.

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 1 exact length 300 ft. width of ditches 3 ft. depth of ditches 18 in.  
French Drain Required: \_\_\_\_\_ Linear feet

Date: 04-15-03  
Signed: [Signature]  
Environmental Health Specialist

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



Place Beem Along Property Line to divert surface water  
MAINTAIN ALL SET BACK,  
Do not DRIVE OR PARK ON SEPTIC SYSTEM  
Do not Overly cut or Bench AREA of house site

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 # 03-5-6824. 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 Dr. 497-2204  
Name Telephone#

NC24/27  
Address

Wood Bridge 43 3(27x56) 50 ac  
Property Location SR# Road Name  
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 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 in 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] 04-15-03  
Signature of Authorized Agent for Harnett County of Harnett Date