## Nº 19402 03-5-6933 "No Person shall be seen HARN COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for dispos from the Harnett County Health Department."	al of sewage without first obtaining a written permit
Name: (owner) King Grove Dev. Conp.	New Installation Septic Tank
Name: (owner) Vinc Grove Dev. Corp.  Property Location: SR# NC QY/27	Repairs Nitrification Line
Subdivision Wood Bodge	Lot #_/ \( \frac{1}{2} \)
Tax ID #	Quadrant #
Tax ID #	Size: a 50AC
Basement with Plumbing: Garage:	NOTE Changes in house Location & Drive location
Water Supply:  Well Public  Community	Location & Onive location
Distance From Well:ft.	• • • • • • • • • • • • • • • • • • • •
Following is the minimum specifications for sewage disposal systerinal approval.	
Type of system: Conventional Other My	
Size of tank: Septic Tank: gallons Pur	np Tank: 1055 gallons
Subsurface No. of ditches 3 exact length of each ditch 100 ft.	width of ditches 18 in.
French Drain Required: Linear feet	10
Date: 5	17-03
This permit is subject to revocation if site plans or intended use change.  Signed:	J. LAN
	/Environmental Health Specialist
7// 40	Must meet on site
3/2/4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	for Final Lagort
13/3/3/	NOTE That if FAIL
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## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 9702. 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 Com Den Cong 498-2204 Telephone#	
realite Telephone#	
Address	
Property Location SR# Road Name	
Property Location SR# Road Name	
Subdivision  Lot # Bedrooms Proposed Lot Size	
Subdivision Lot # # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
New Installation [ ] Repair [   Septic Tank   Nitrification Lines	
[] New Installation [] Repair [  Septic Tank     Nitrification Lines [] Conventional   Lother   Lother	
[] Conventional Conventional Conventional Conventional	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: Ft.	
Septic Tank OD god Pump Chamber OD god	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines Ft.  Width of ditches ft. Depth of ditches inches	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
No vigetovistor gratom shall be covered or placed into use he one process will be investigated by the	
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.	
5-19-00	
Signature of Authorized Agent for Harnett County of Harnett  Date	