HART T COUNTY HEALTH DEPARTM NO 20040

IN-RO	VEMENT	PERMI	Nº 20048
IIVIFNO	A CIAICIA I	PENIVIII	1)3-5-104)

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall be tion of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a v from the Harnett County Health Department."	egin construc- written permit
Name: (owner) Pine Grove Dev. New Installation Septic	c Tank
Property Location: SR# NC 24/27 Repairs Nitrifi	ication Line
Subdivision Wood Bridge Lot # 47	
Tax ID # Quadrant #	
Tax ID # Quadrant # Number of Bedrooms Proposed: $3(27\chi76)$ Lot Size: 524	
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal system on above captioned property. S	Subject to
	clow Fill
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons	n
Subsurface No. of exact length width of depth of ditches ft. ditches ft. depth of leach ditches ft. ditches	2Υ in.
French Drain Required: Linear feet	
Date: 3-05-14-03	
This permit is subject to revocation if site Plans or intended use shares A Signed:	
plans or intended use change. To NCAY/27 Environmental Health Special STOVALL TESTACE	ist
1 55	
115 115 115 115	
129 3BR 27X7L MH YO 14,	5
35 LPP Repair	
STUB Out Phonbing shallow 116	
Maintain All Set Backi	
DO not DRIVE DRAPAR on septic System	
DO not Drive or park on septic system Keep septic system # 18 In natural so. 1 Lot has some Fill on it from Road Const.	
1 + has some Ell no it from Road Const.	

HARNELL 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 # 200 48 . This				
authorization shall be valid for a period not to				
This authorization will be invalid if ownership, si	ite plans, or intended use change.			
Vino Grove	498-2204			
Name	Telephone#			
Address $\mathcal{N}(24/27)$				
Property Location SR#	Road Name			
Wood Bridge 47	3(27×76) .52 De			
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: 5 Ft.				
Septic Tank / 901 Pump Chamber 901				
NITIRFICATION FIE	LD SPECIFICATIONS			
Number of fields # of lines per field D Length of lines D Ft.				
Width of ditches $18-24$ 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.				
the conditions of the improvement Fermit and	that a valid Operations Fermit has been issued.			
() / ARB	C/4-03			
Signature of Authorized Agent for Harnett County of Harnet	Date Date			