

IMPROVEMENT PERMIT

No 20173

03-5-7279

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
- Repairs
- Nitrification Line

Property Location: SR# NC 24/27

Subdivision Wood Bridge Lot # 22

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

Number of Bedrooms Proposed: 3 (27x76) Lot Size: 1.15 AC

Basement with Plumbing:  Garage:  **NOTE Change in house location**

Water Supply:  Well  Public  Community **Location**

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: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons

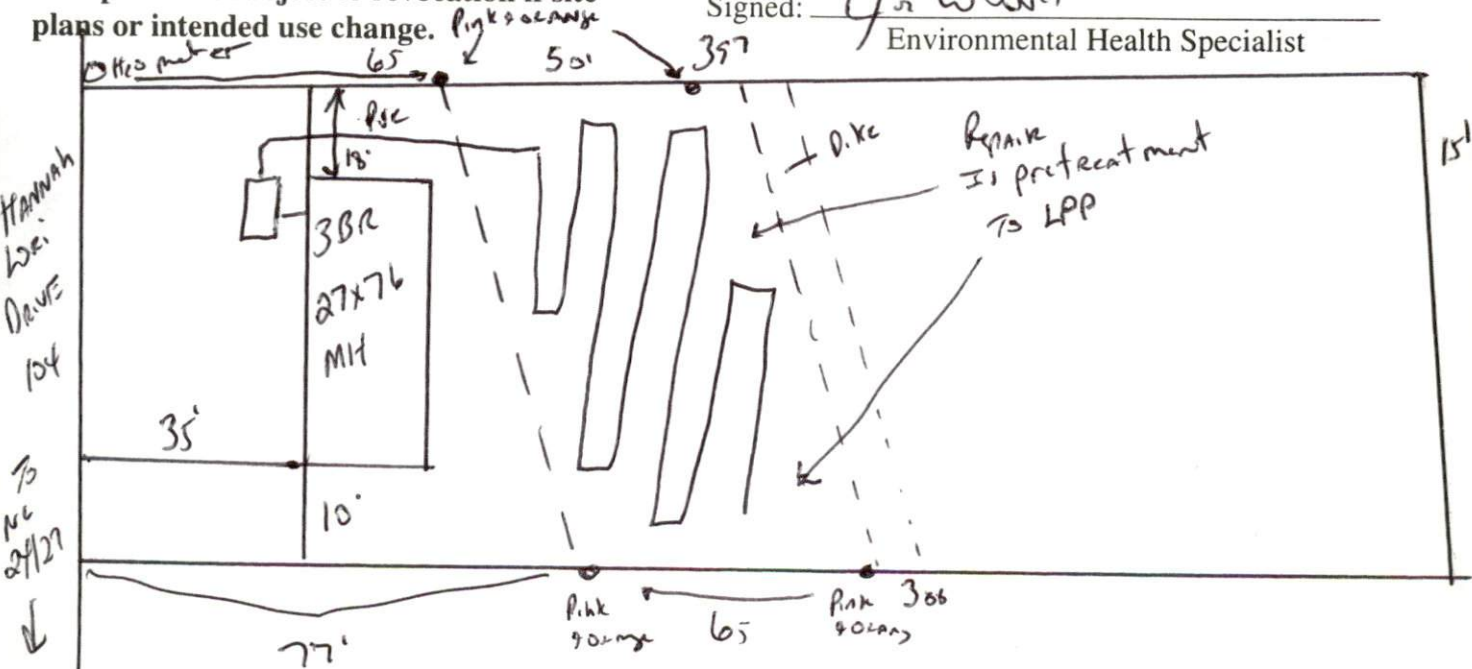
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 12 MAX in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 7-22-03

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

Signed: J. W. ...  
Environmental Health Specialist



Meet on site Before installed  
NOTE Change in house location  
Must Bring in 8 to 12" of approved cover

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 # 20172. 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 Dev. Telephone# 498-2204

Address \_\_\_\_\_

Nc 24/27

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Subdivision Woodbridge Lot # 22 # Bedrooms Proposed 3 (27x76) Lot Size 1.15 ac

**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 12 MAT 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 of Harnett [Signature] Date 7-22-03