## ARNET OUNTY HEALTH DEPARTMEN

20830

## HTE 04-5-9577

## **IMPROVEMENT PERMIT**

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 GOOVE DEV. CORP. New Installation & Septic Tank Property Location: SR# 1141 Miceo Tower Ro Repairs Nitrification Line CHEROKEE RIDGE Subdivision Lot # 10 \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID# 3 Lot Size: .51AC Number of Bedrooms Proposed:\_ Garage: Basement with Plumbing: ☐ Well N Public Water Supply: Community Distance From Well:\_\_\_\_\_\_ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **X** Conventional Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 ditches 2 of each ditch 75 Drainage Field ditches 30 in. French Drain Required: Linear feet Date: 6 3 04 RS COLIVER TOLKSDORS This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* MAINTAIN ALL SETBACKS \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 246 149

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## HARNETT COUNTY DEPARTMENT OF PURI IC HEALTH AU ORIZATION TO CONST ICT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #	
PINE GROVE DEV. CORP	498-2204
GOLD BUFFALO LAKE RD SANFORD NC	receptione #
1141 Micro Tower Ro	
Troporty Education Sign	Road Name
CHEROKEE RIDGE 10 3 Subdivision Lot # Bedrooms Prop	5196-
Subdivision Lot # # Bedrooms Prop	posed 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: 100 Ft.	
Septic Tank gal Pump Chamb	ber gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field 2	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into	1
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 Carnett County	6/3/04 Date
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