T COUNTY HEALTH DEPARTM HARI

IMPROVEMENT PERMIT

20540

HTE 04-5-10039

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."		
Name: (owner) Pine Grove Development	New Installation	Septic Tank
Property Location: SR# //4/ Microtower Rd.	☐ Repairs	Nitrification Line
Subdivision Cherokee R. aye	Lot #	40
Tax ID #	Quadrant #	
Tax ID #	: .55Ac	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systeto final approval.	em on above caption	ed property. Subject
Type of system:		
Size of tank: Septic Tank: 1000 gallons Pump Ta	ank:gallons	
Subsurface No. of exact length of each ditch 80 ft.	width of ditches 3 ft.	depth of ditches 18.30 in.
French Drain Required:Linear feet	8/4/2004	
This populities subject to represent in if site	8/4/2004 Bun Miloso	. 0 .
This permit is subject to revocation if site Signed: plans or intended use change.	Environmental He	
** Maintain all retbacks **Roaditchy on contour 370 control **Direction of the contour of the control of the	376	
75'	* Notion	ela
Papoure Tri		

HARNETT COUNTY DEPARTMENT OF PUB CHEALTH AUT_DRIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # _ 20540 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.		
P. ne Crove Development Name Telephone #		
145 Papoore Trail Lillington, N.C. 27546 Address		
Property Location SR# Road Name		
Cherokee Ridge 40 4 .FSAc 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 gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines Ft.		
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 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 Date		
Date		