

HTE 04-510786

IMPROVEMENT PERMIT

21463

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.
Property Location: SR# 1141
New Installation [checked]
Repairs [ ]
Septic Tank [checked]
Nitrification Line [checked]

Subdivision Cherokee Ridge Lot # 35

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

Number of Bedrooms Proposed: 4 (30x76) Lot Size: .53 ac

Basement with Plumbing: [ ] Garage: [ ]

Water Supply: [ ] Well [checked] Public [ ] Community [ ]

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 [checked] Other 25% Reduction SYSTEM

Size of tank: Septic Tank: 1005 gallons Pump Tank: \_\_\_\_\_ gallons

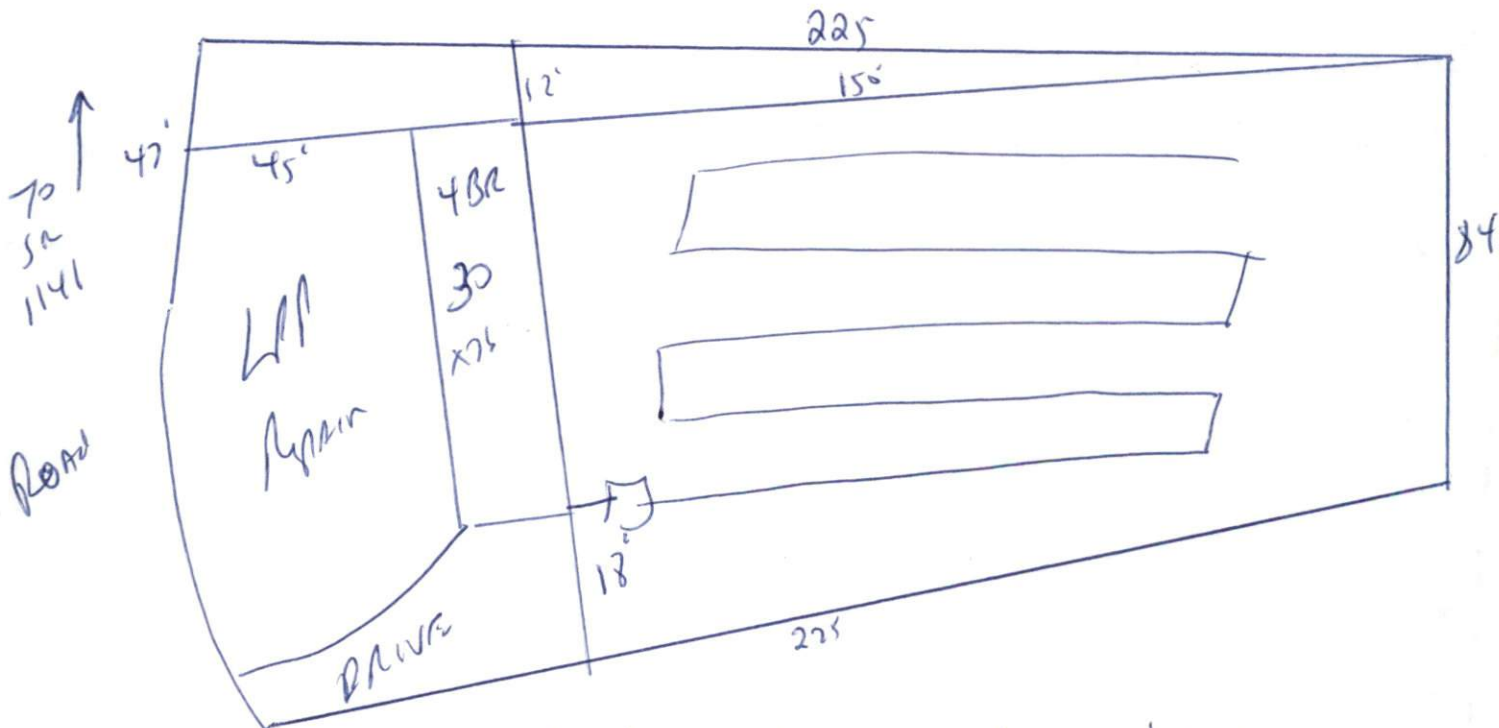
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 210 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: \_\_\_\_\_ Linear feet 25% Reduction system

Date: 11-22-24

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

Signed: [Signature] Environmental Health Specialist



Met onsite maintain setbacks

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21467. 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.*

Pine Grove Dev.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1141

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

Cherokee Ridge

35

4(30x70)

53M

Subdivision

Lot #

# Bedrooms Proposed

Lot Size

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  Other 25% Reduction SYSTEM

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 210 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 inches 125% Reduction SYSTEM

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.

Joe West RS

Signature of Authorized Agent for Harnett County

1/27/04

Date