

HTE 05-50011543

**IMPROVEMENT PERM.**

**21933**

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  
Property Location: SR# 1141  Repairs  Nitrification Line

Subdivision Cherokee Ridge Lot # 46

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

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

Basement with Plumbing:  Garage:   
Water Supply:  Well  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  Other \_\_\_\_\_

Size of tank: Septic Tank: 1200 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18.24 in.

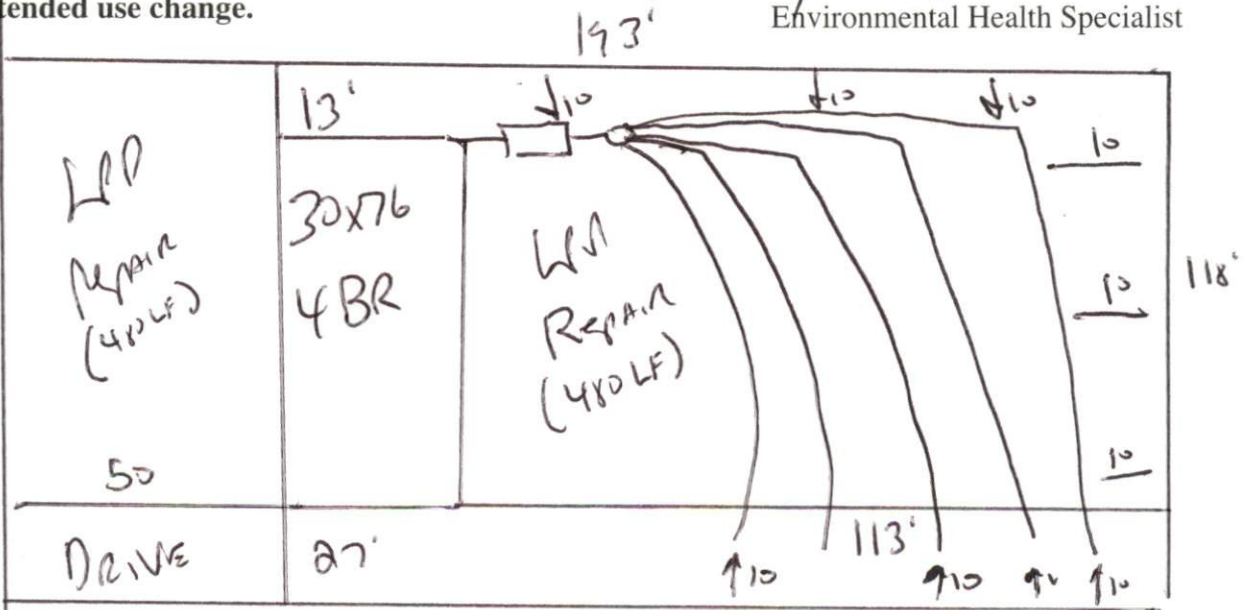
French Drain Required: \_\_\_\_\_ Linear feet

Date: 3-10-05

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

Signed: [Signature]  
Environmental Health Specialist

*PAPOSE  
TRAIL  
115'*



*20'*  
STUB out Plumbing shallow  
MAINTAIN ALL SETBACKS  
MEET on site for Final Layout - 1x400 will be ok

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 # 21933. 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

46

4 (30x76)

53 Ac

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: 50 Ft.

Septic Tank ~~1000~~ 1200 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth 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.

Joe West RS

Signature of Authorized Agent for Harnett County

3-10-05

Date