

HTE# 06-50014366

IMPROVEMENT PERMIT 22603

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. Corp New Installation Septic Tank Repair

Property Location: SR# NC 24 Nitrification Line Expansion

Subdivision Nature's Cross Roads Lot # 53

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (26 x 74) 480 sq ft Lot Size: .50 ac

Basement with Plumbing: Garage: NOTE Change In DRIVE location

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 25% Reduction SYSTEM

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 350 ft. width of ditches 3 ft. depth of ditches 18 in.

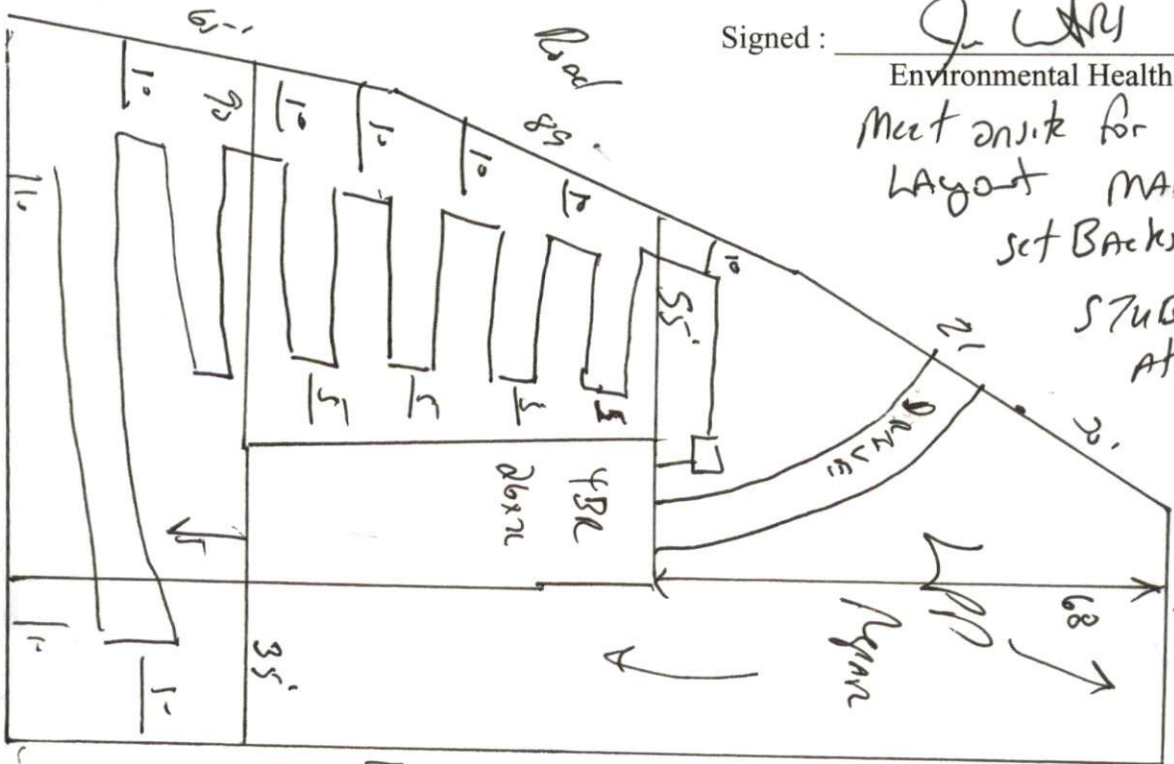
French Drain Required: _____ Linear feet of 25% Reduction system

Date: 03-28-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: J. W. [Signature]

Environmental Health Specialist
Meet onsite for Final Layout maintain all set backs



STUBOUT Plumbing At ground level or higher maintain all set back DO NOT DRIVE SPARK on SEPTIC SYSTEM

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 # 22603. 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. Corp.
Name

Telephone #

Address

NC 24

Property Location SR#

Road Name

Nature's Cross ROAD

53
Lot #

4 (26x76)
Bedrooms Proposed

50 AC
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~~ 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 350 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches OF 25% 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

03.28.06
Date