

HTE 0650014632

IMPROVEMENT PERMIT

21775

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.
Property Location: SR# Hwy 24
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Nature's Cross roads Lot # 11

Tax ID # Quadrant #

Number of Bedrooms Proposed: 4BR Lot Size: .68A.

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: 1000 gallons Pump Tank: gallons

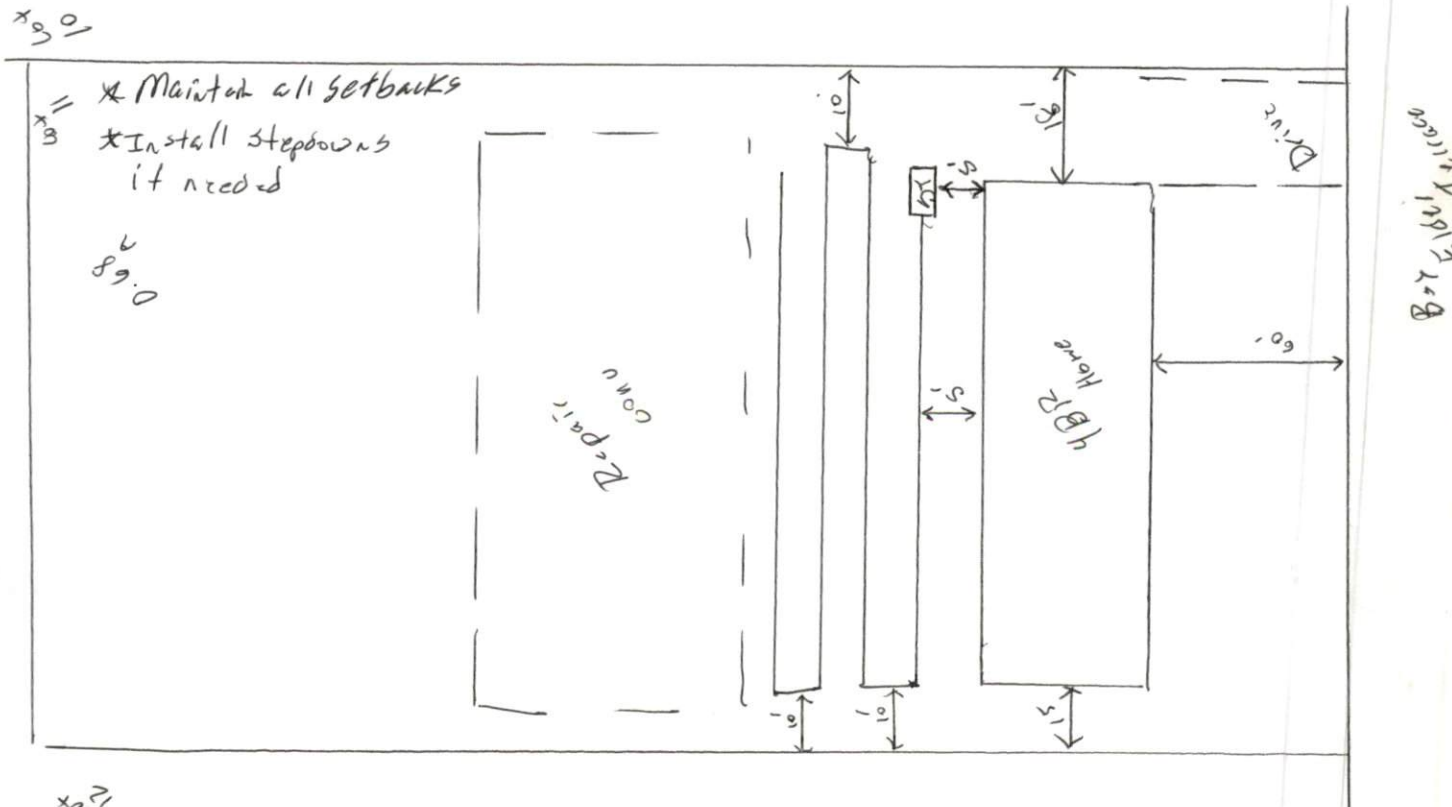
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 270 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: Linear feet

Date: 4/27/04

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

Signed: [Signature] Environmental Health Specialist



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 # 21775. 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.*

Name Pine Grove Dev. Corp Telephone # 919 458-2204

Address 622 Buffalo Lakes Rd

Property Location SR# _____ Road Name Hwy 29

Subdivision Natures Crossroads Lot # 11 # Bedrooms Proposed 4BR Lot Size .68A

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 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 270 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.

[Signature]
Signature of Authorized Agent for Harnett County

4/27/04
Date