

HTE 04-5-10467

IMPROVEMENT PERMIT

21366

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) Brent S KEAHER-Nordic Cold Storage New Installation Septic Tank
Property Location: SR# 1709 Hodges Chapel Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 11 EMPLOYEES Lot Size: 10.84 ACRE

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 "Pump to MANATEE"

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

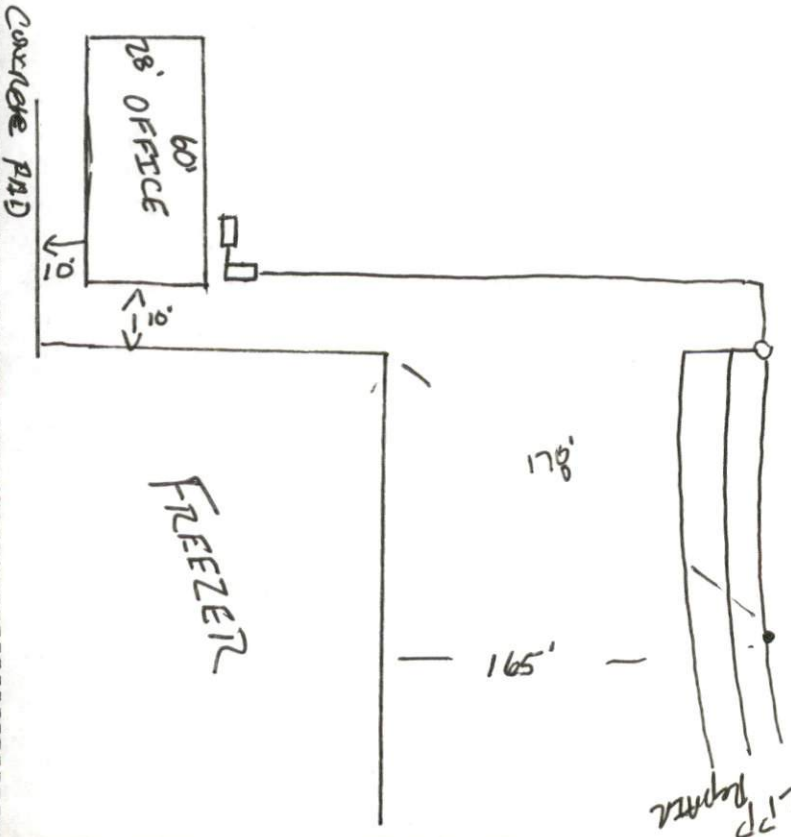
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: - Linear feet

Date: 10-20-04

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

Signed: James E. Markant
Environmental Health Specialist



* CONTRACTOR TO MEET ON SITE PRIOR TO INSTALLATION.

* 180' of Supply LINE. 6' of RISE

* PUMP SPECS
40 gpm @ 21' TDH

* MANATEE SPEC
3 3/4" SCH 40 VALVES
2' PRESSURE HEAD
2" SCH 40 PIPE

04-5-10467

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21366. 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 Brent S KEEFER - Nordic Cold Storage Telephone # 919-524-4327

Address 193 Leach DR GARNER N.C. 27529

Property Location SR# 1709 Road Name Hodges Chapel

Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot Size 10.000

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines

[] Conventional [] Other Pump to manholes

[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 3 # of lines per field 3 Length of lines 115 Ft.

Width of ditches 3 ft. Depth of ditches 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.

James L. Monahan
Signature of Authorized Agent for Harnett County

10-20-04
Date