02-5-4329

HARNE COUNTY HEALTH DEPARTME!

№ 19117

IMPROVEMENT PERMIT

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) STEVE LEE ☒ New Installation ☒ Septic Tank

Property Location: SR# 2047 HAYES RD ☐ Repairs ☒ Nitrification Line

Subdivision AMY T LEE Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 100 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 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches SEE BELOW in.

French Drain Required: Linear feet

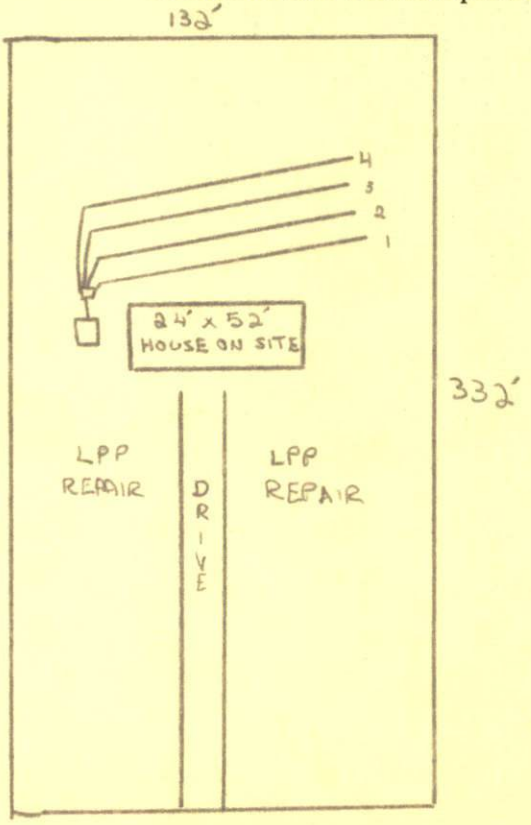
Date: 4/9/02

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

Signed:

Environmental Health Specialist

* MAINTAIN ALL SETBACKS
* RUN LINES ON CONTOUR
* LINES 1+2 18" DEEP
  LINES 3+4 12" DEEP
  W/ 6" OF COVER



ARNETT COUNTY HEALTH DEPART IT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19117 **. 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.***

STEVE LEE — 910-960-2336
Name — Telephone #

2285 BETHEL BAPTIST RD SPRING LAKE NC 28390
Address

2047 HAYES RD
Property Location SR# — Road Name

AMY T LEE — 3 — 1 AC
Subdivision — Lot # — # Bedrooms Proposed — Lot size

TYPE OF SYSTEM

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

[X] **Conventional Other** _____

[ ] ***Basement*** [ ] ***With Plumbing*** [ ] ***Without Plumbing***

Water Supply: [ ] **Well** [X] **Public - Minimum Well Setback:** 100 **Ft.**

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 **# of lines per field** 4 **Length of lines** 75 **Ft.**

Width of ditches 3 **ft. Depth of ditches** 12-18 **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 of Authorized Agent for Harnett County — 4/9/02 Date