

02-5-4364

HARNETT COUNTY HEALTH DEPARTMENT

No 19116

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#1120 OVERHILLS RD ☐ Repairs ☒ Nitrification Line

Subdivision AMBER P. LEE Lot # 7A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.48 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 No. of exact length width of depth of
Drainage Field ditches 6 of each ditch 45 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 4/9/02

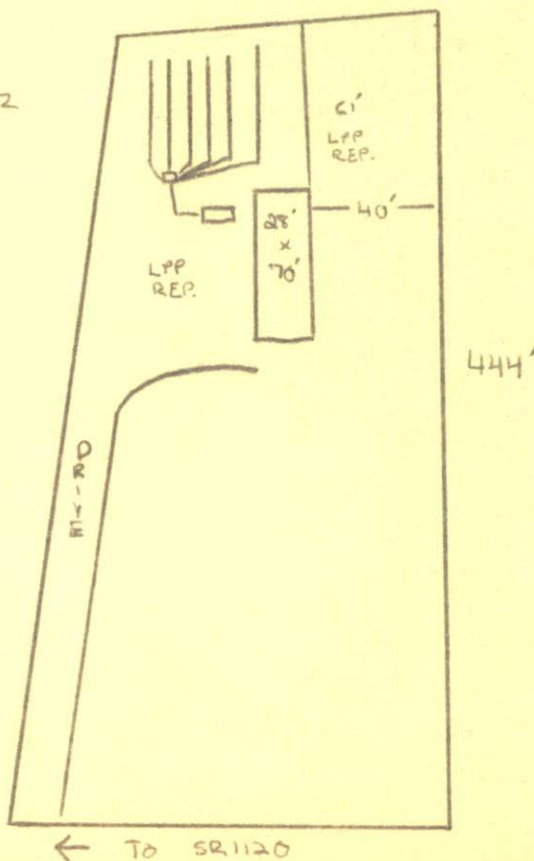
This permit is subject to revocation if site plans or intended use change.

Signed: _____

Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



H/ HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19116. 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
1120 OVERHILLS RD
Property Location SR# Road Name
AMBER P. LEE 7A 3 1.48 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 - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 6 Length of lines 45 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] 4/9/02
Signature of Authorized Agent for Harnett County Date