

HTE 04-50010676R

IMPROVEMENT PERMIT

21437

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
Property Location: SR# 1120 OVERHILLS RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 3.74 ac

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [X] 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 [X] Other Pump To 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 5 exact length 80 width of ditches 3 depth of ditches 18 in.

French Drain Required: _____ Linear feet

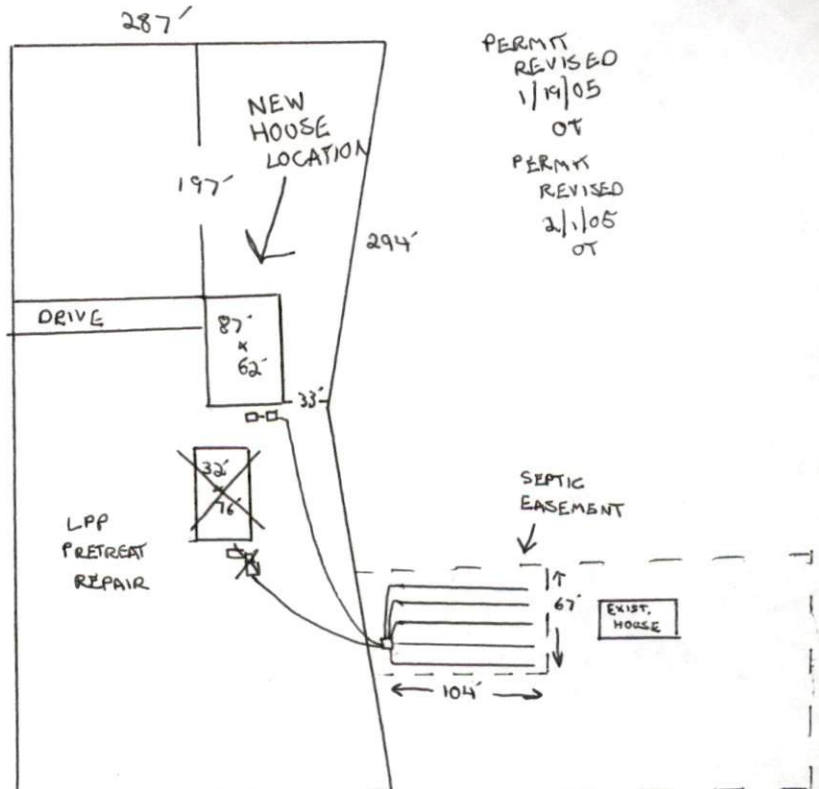
Date: 12/20/04

Signed: [Signature] ES (OLIVER TOLKSDORF)

Environmental Health Specialist

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

*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



PERMIT REVISED 1/14/05 OT
PERMIT REVISED 2/1/05 OT

TO SR1120

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 # 21437. 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 Name 818-3309 Telephone #

40 PEARL ST. SPRING LAKE NC 28390 Address

1120 OVERHILLS RD Property Location SR# Road Name

Subdivision _____ Lot # 84 # Bedrooms Proposed 3.74 Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump To 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 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] Signature of Authorized Agent for Harnett County 12/20/04 Date

REMOVED OR 2/1/05