HAI TT COUNTY HEALTH DEPART NT

HTE# 05-5-13120

IMPROVEMENT PERMIT 22267

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) Amber P. Lee — New Installation ☑ Septic Tank ☑ Repair ☐

Property Location: SR# 1120 Overhills Rd. — Nitrification Line ☑ Expansion ☐

Subdivision Amber P. Lee — Lot # 2

Tax ID# _____ — Quadrant # _____

Number of Bedrooms Proposed : 3 (360 gpd) — Lot Size: 10.01

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 5 ft. exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: _____ Linear feet

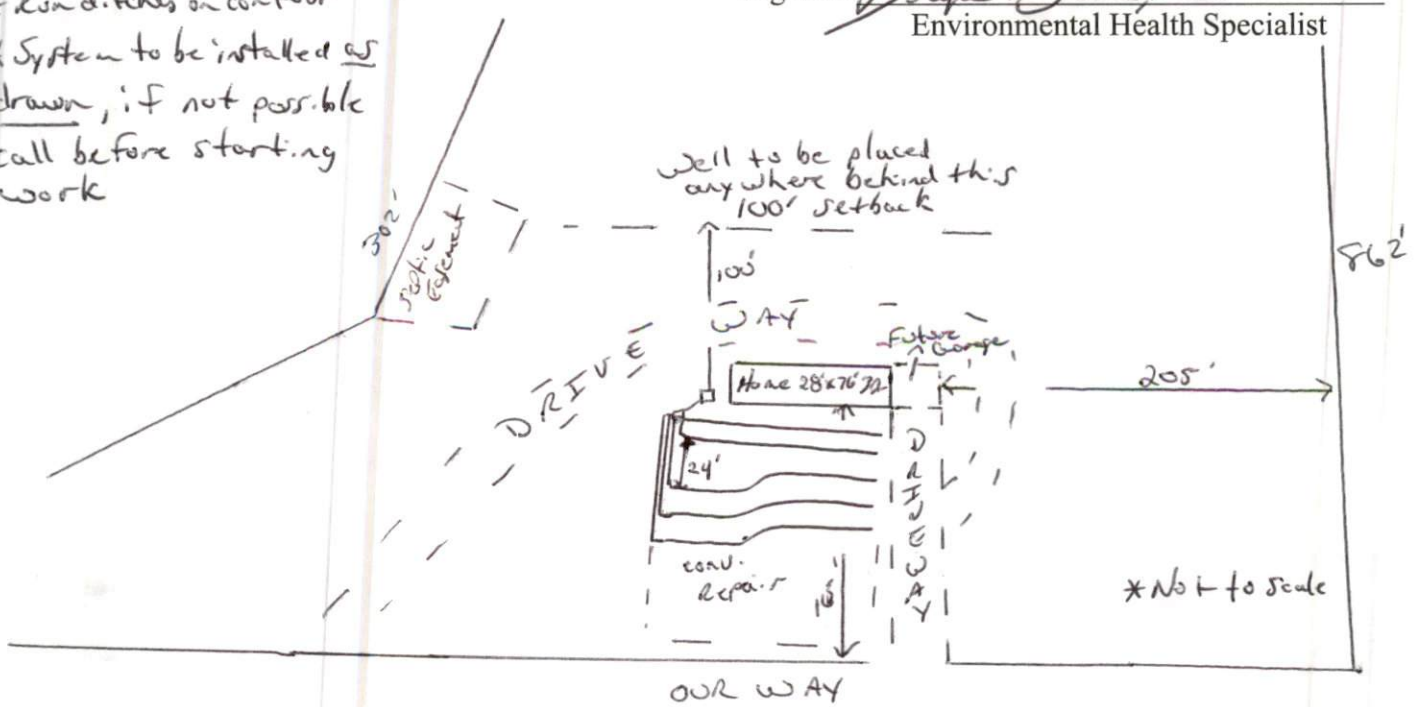
Date: 10/28/2005

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

*Maintain all setbacks
*Run ditches on contour
*System to be installed as drawn; if not possible call before starting work

Signed : Susan McSwain L.S.
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 # 22267. 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.

Amber P. Lee — Name
960 2336 — Telephone #

40 Pearl St. Spring Lake, N.C. 28390 — Address

1120 — Property Location SR#
Overhills — Road Name

Amber P. Lee — Subdivision
2 — Lot #
3 (360 gpd) — # Bedrooms Proposed
10.01 Ac — Lot Size

TYPE OF SYSTEM

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

[X] Conventional [ ] Other _____

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

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

Septic Tank 1000 gal Pump Chamber _____ 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 18-20 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.

Bryan McLain, L.S. — Signature of Authorized Agent for Harnett County
10/28/2005 — Date