

HTE 03-5-7488

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

Subdivision WHISPER CREEK Lot # 26

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .618 ACRES

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 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 20 in.

French Drain Required: _____ Linear feet

Date: 9/11/03

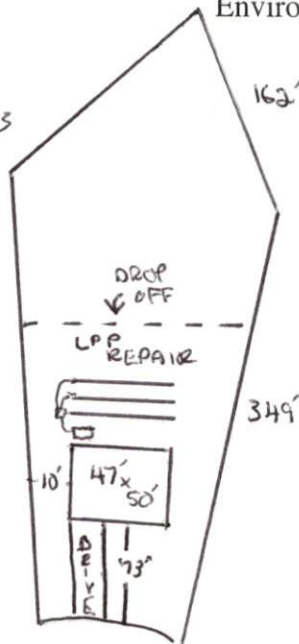
Signed: [Signature]

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

DRAWING NTS



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20226. 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 FIGUEROA, MIGUEL Telephone# 528-6513
Address 205 FAIR OAKS DR FAYETTEVILLE NC 28311
Property Location SR# 1120 OVERHILLS RD Road Name _____
Subdivision WHISPER CREEK Lot # 26 # Bedrooms Proposed 3 Lot Size .618 AC

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
 Conventional [] Other _____
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 10.0 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.
Width of ditches 3 ft. Depth of ditches 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 4/11/03