03-5-

HTE 8447-3R

HARN COUNTY HEALTH DEPARTMI

IMPROVEMENT PERMIT

21019

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 D. LEE ☒ New Installation ☒ Septic Tank

Property Location: SR# 1120 OVERHILLS RD ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

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 100 ft.; width of ditches 3 ft.; depth of ditches 12 in. MAX

French Drain Required: _____ Linear feet

Date: 12/12/03

Signed: DS (OLIVER TOLKSDORF) Environmental Health Specialist

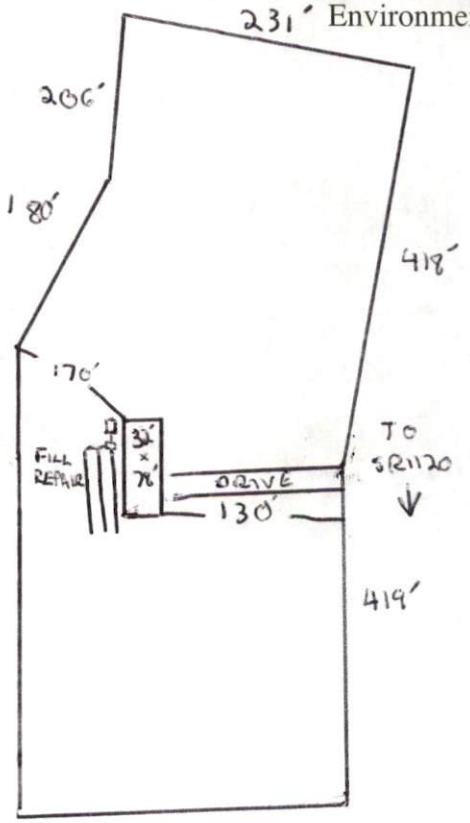
This permit is subject to revocation if site plans or intended use change.

*MAINTAIN ALL SETBACKS

*TANK MUST BE SET EXTREMELY SHALLOW OR PUMP WILL BE REQUIRED

* MINIMUM OF 6" OF COVER NEEDED OVER SYSTEM

* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS

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 # 21019. 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 — 960-2336
Name — Telephone#

40 PEARL ST. SPRING LAKE NC 28390
Address

1120 OVERHILLS RD
Property Location SR# — Road Name

Subdivision — Lot # — 3 # 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 Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12 inches MAX.

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.

RS
Signature of Authorized Agent for Harnett County of Harnett

12/22/03
Date