

HARNETT COUNTY HEALTH DEPARTMENT

No 19077

IMPROVEMENT PERMIT

02-5-3867

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) Flora Johnson

New Installation Septic Tank

Property Location: SR# 1110 West Rd

Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (25x4) Lot Size: 5.215 Acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pumps to Conventional

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 140 ft. width of ditches 3 ft. depth of ditches 18 max in.

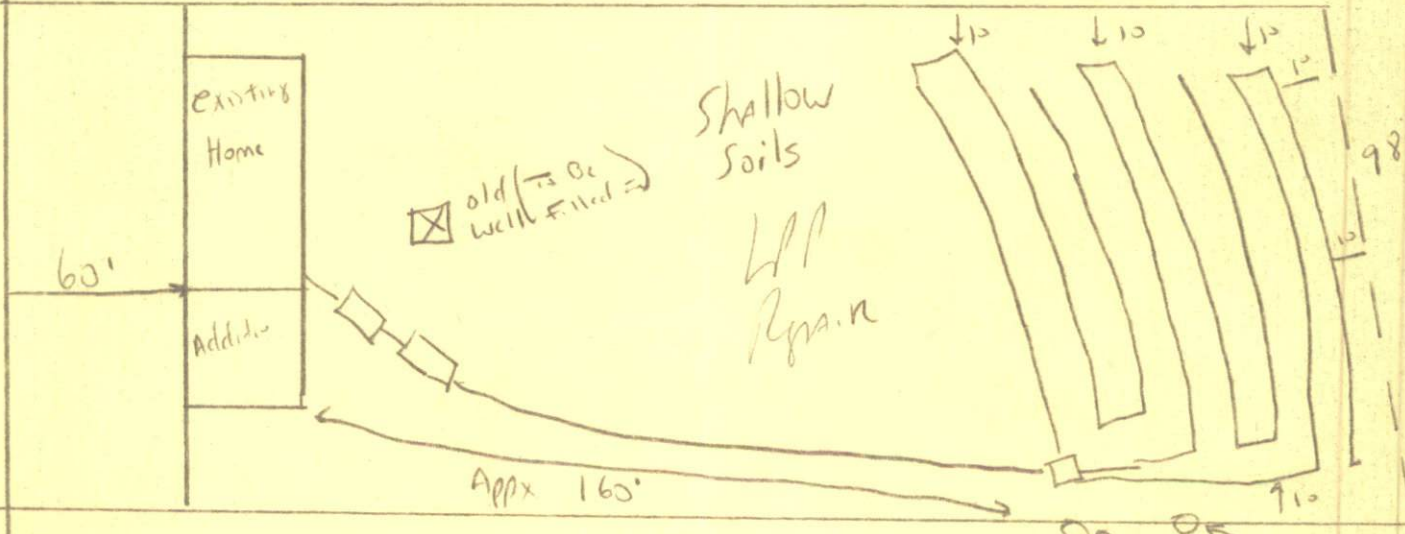
French Drain Required: _____ Linear feet

Date: 5-6-02

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

Signed: Jon W. R. S.
Environmental Health Specialist

West Rd
to SR 1110



MUST meet on site - Final Layout may change

STUB out Plumbing shallow

Do Not Drive or park on septic system

MUST Fill in old Well

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 # 1901. 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 Floora Johnson Telephone # 498-9933

Address _____

Property Location SR# SR1110 Road Name West Rd

Subdivision _____ Lot # _____ # Bedrooms Proposed 3 (24x44) Lot size 5.215 Ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump to Converter

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 140 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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 [Signature] Date 5.6.02