

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) Lawson C. Johnson

New Installation Septic Tank

Property Location: SR# 1436 Matthews RD

Repairs Nitrification Line

Subdivision ACT Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 per 2406PD Lot Size: .80

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 25% Reduction System

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

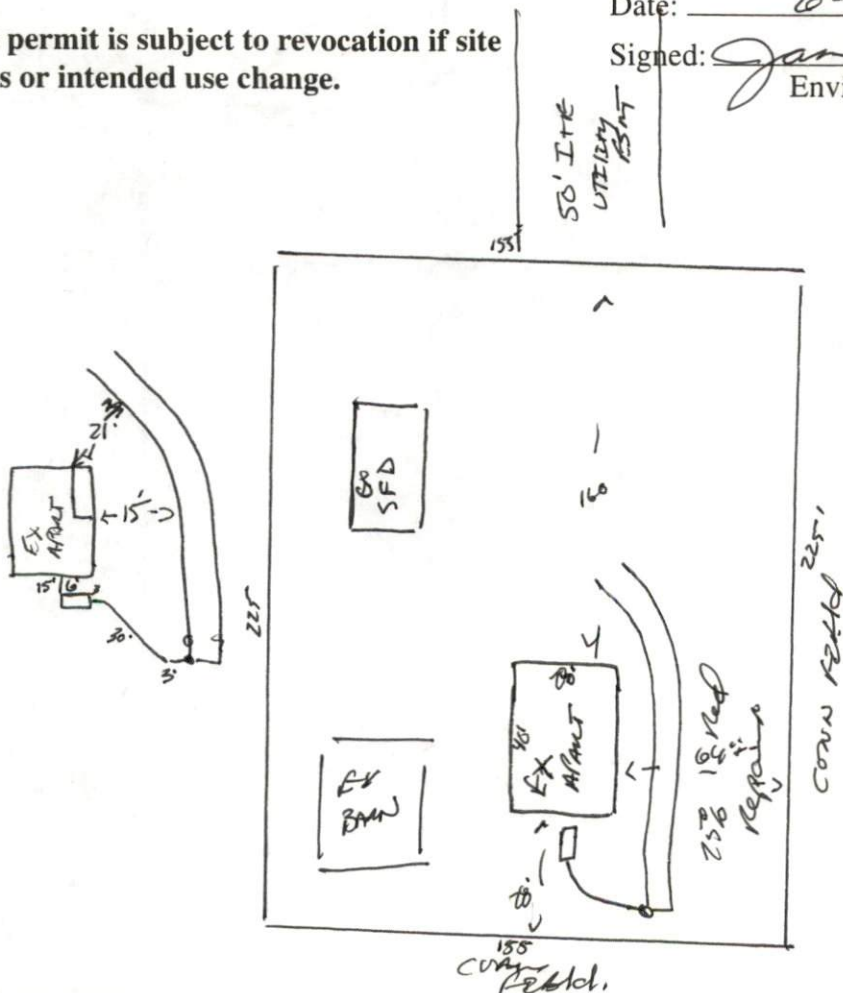
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 20" in.

French Drain Required: _____ Linear feet

Date: 6-2-06

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

Signed: James E. Manlove
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 # 14322. 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.*

Arnon C Johnson Name 910-853-4915 Telephone #

1431 Matthews RD Idlington N.C. 27546 Address

1436 Property Location SR# Matthews Road Name

ACT Subdivision 2 Lot # 2Bm 2406PD # Bedrooms Proposed .80 Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction Repair

Basement With Plumbing Without Plumbing

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

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 100 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.

James E. Manhart Jones
Signature of Authorized Agent for Harnett County

6-2-06
Date