

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) Burr Johnson New Installation Septic Tank
Property Location: SR# 1117 Ray M Repairs Nitrification Line

Subdivision Anderson Creek Golf Club Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Halfway house Lot Size: _____

Basement with Plumbing: Garage: 2 water closets at 305 each

Water Supply: Well Public Community = 650 gal flow per day

Distance From Well: 50' ft. 1.7 m = .6 = 375 ft line

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: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 5 exact length 75 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

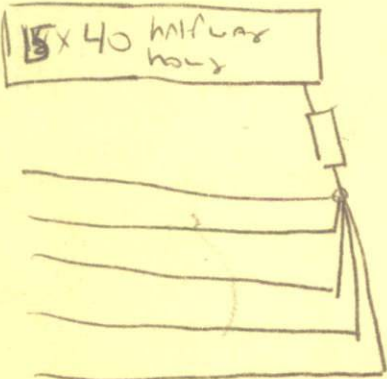
This permit is subject to revocation if site plans or intended use change.

Date: 5-21-01
Signed: [Signature]
Environmental Health Specialist

#5 Tee Box

Meet on site before installing
18" max pitch depth
Stub out Plumbing shallow
DO NOT DRIVE OR PARK ON
Septic system

Bed



LPR Rgn

Conc. Card Path

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 # 18314. 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.

Owner or Authorized Agent Burr Johnson

Name: _____ Telephone # 814-2613

Address: _____

Property Location: SR # 1117 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Anderson Creek Golf Club Lot # _____

Number of Bedrooms Proposed: half house Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1200 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 5 Length of lines 75

Width of ditches 3 ft. Depth of ditches 18 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 5-21-01

(Revised 2/96)CNSTRCT.WPD