

HTE# 06-5-15034

IMPROVEMENT PERMIT 22999

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) ERNESTINE McDUGALD JOHNSON New Installation Septic Tank Repair

Property Location: SR# 2033 SANDLEFER RD Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms ~~Proposed~~ : 3 (360 sqd) Lot Size: 1.34 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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: EXISTING gallons Pump Tank: EXISTING gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 18 in.

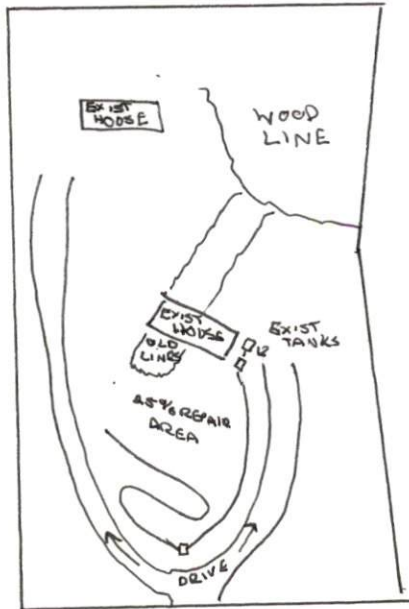
French Drain Required: _____ Linear feet

Date: 6/29/06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] (OLIVER TOLKSDORF)
Environmental Health Specialist



SR2033

*USE EXISTING TANKS FOR SYSTEM
*IF EXISTING SYSTEM IS BEING PUMPED INTO A SEPTIC TANK CROSS AND FILL THAT TANK AFTER INSTALLATION OF NEW LINES

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 # 22999. 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 ERNESTINE McDOUGALD JOHNSON Telephone # 893-2144

Address 1002 SANDERFER RD BUNNELL NC 28323

Property Location SR# 2033 Road Name SANDERFER RD

Subdivision _____ Lot # _____ # Bedrooms 3 (340 sq ft) ~~Proposed~~ Lot Size 1.34 ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% REDUCTION SYSTEM

Basement With Plumbing Without Plumbing

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

Septic Tank EXISTING gal Pump Chamber EXISTING gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 190 Ft.

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.

Signature of Authorized Agent for Harnett County [Signature] Date 6/29/05