

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) BONNIE PARSONS☐ New Installation☐ Septic TankProperty Location: SR#1501 JUNNY RD☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: 2.051 acresBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50' ft.

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

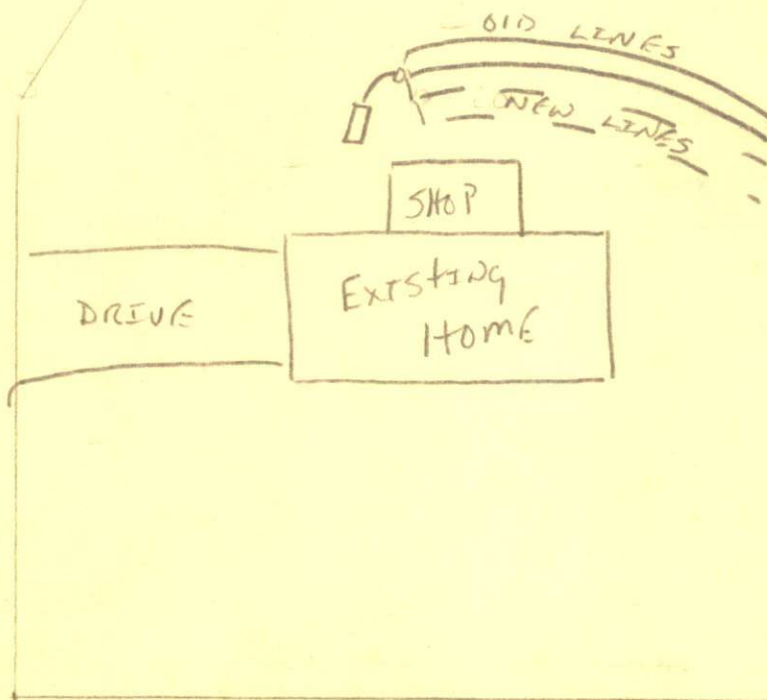
Type of system: ☐ Conventional ☐ Other _____Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 100 ft. ditches 3 ft. ditches 8-20 in.French Drain Required: - Linear feetDate: 3-6-03

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

Signed: James E. Marshall, R.R.
Environmental Health Specialist

*Addition of
2 CHAIR
Bench!
Salon.

NEW FILTER to BE
Added
TO
Septic
TANK.



SR 1501 JUNNY

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 # 18809. 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 BONNIE PARSONS Telephone# 919-639-2967

Address 550 Jonny Rd Angier N.C. 27501

Property Location SR# 1501 Road Name JONNY

Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot Size 2 acres

TYPE OF SYSTEM

☐ New Installation ☐ Repair ☐ Septic Tank ☒ Nitrification Lines

☒ Conventional ☐ Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

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

Septic Tank Existing gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches 3 ft. Depth of ditches 18-20 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. Mandant
Signature of Authorized Agent for Harnett County of Harnett

3-6-03
Date