

HTE# 065-14480 R

IMPROVEMENT PERMIT 22849

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) DONNA JOHNSON New Installation Septic Tank Repair

Property Location: SR# 1129 CLARK RD Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed : 3 (360 gpd) Lot Size: 6.28 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 70 ft. ditches 3 ft. ditches 36-24 in.

French Drain Required: _____ Linear feet

Date: 4/19/06

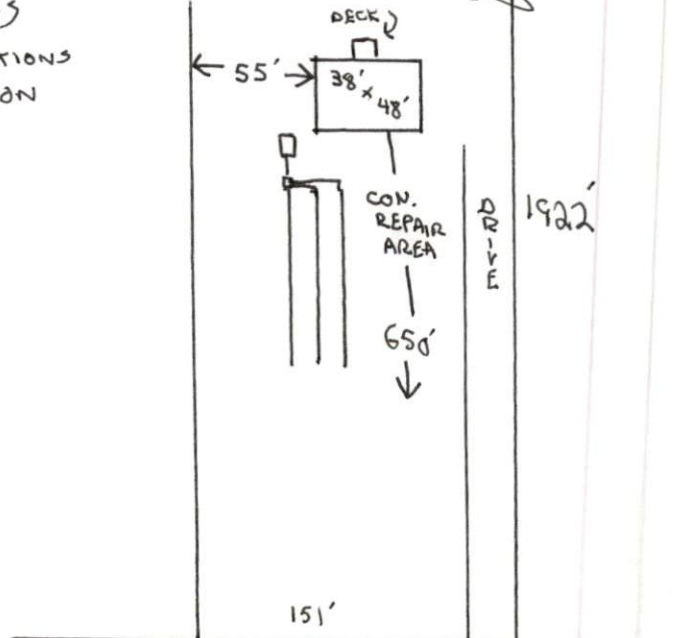
This permit is subject to revocation if site plans or intended use change.

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: _____
Environmental Health Specialist

*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION

* DECK ADDED ON
8/11/06 BY OT



SR 1129

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 # 22849. 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.*

DONNA JOHNSON
Name

814-0218
Telephone #

7591 Old OS421 LILLINGTON NC 27546
Address

1129
Property Location SR#

CLARE RD
Road Name

Subdivision

Lot #

3 (360 sqd)
Bedrooms Proposed

6.29 AC
Lot Size

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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 36-24 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.

RS
Signature of Authorized Agent for Harnett County

4/19/06
Date