

HARNETT COUNTY HEALTH DEPARTMENT

HTE#06-50014090

14-5-32972

IMPROVEMENT PERMIT 22823

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) MARSHALL JOHNSON CONST. New Installation [X] Septic Tank [X] Repair []

Property Location: SR# 1125 LEMUEL BLACK RD Nitrification Line [X] Expansion []

Subdivision CARLIE HILLS Lot # 44

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: .71 ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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 [X] Other Pump To 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: _____ Linear feet

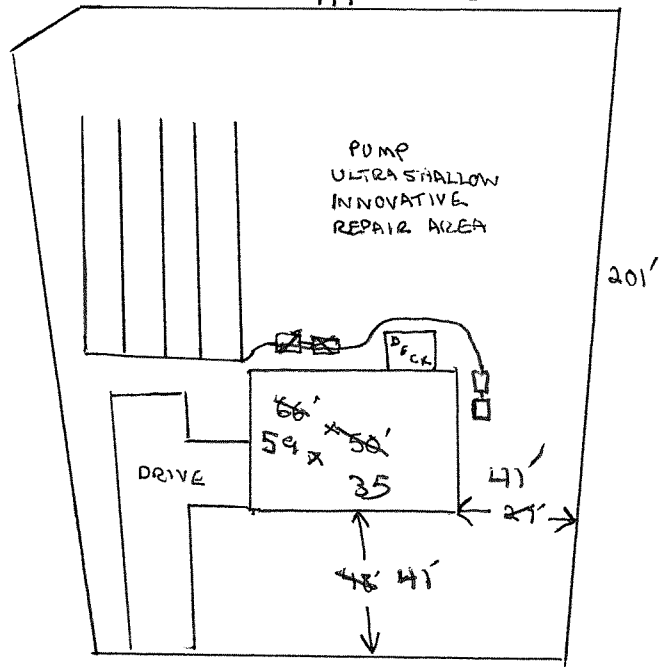
This permit is subject to revocation if site plans or intended use change.

Date: 3/15/06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
* PUMP 38 gpm @ 11' TDH
* MANATEE SPECS
. 5 1/2" SCH 40 VALVES
. 2' PRESSURE HEAD
. 2" SCH 40 PIPE
* 130 gallons/dose
* MINIMUM OF 6" OF COVER NEEDED OVER ENTIRE SYSTEM

REVISED 3/13/14 [Signature]



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 # 22823. 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.*

MARSHALL JOHNSON CONST. 919-427-7111
Name Telephone #

283 BANNER ELK RD BENSON NC 27504
Address

1125 LEMUEL BLACK RD
Property Location SR# Road Name

CHARLIE HILLS 44 3(360sqft) .71AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Pump To 25% REDUCTION SYSTEM
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 12 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] AS 3/15/06
Signature of Authorized Agent for Harnett County Date

REVISCO 3/13/14 [Signature] REVIS