

02-5-4401
19164

HARNETT COUNTY HEALTH DEPARTMENT 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) J. C. Johnson Jr New Installation Septic Tank
Property Location: SR# 1709 Parker Rd Repairs Nitrification Line

Subdivision Greystone Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .58 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance 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: 1000 gallons Pump Tank: _____ gallons

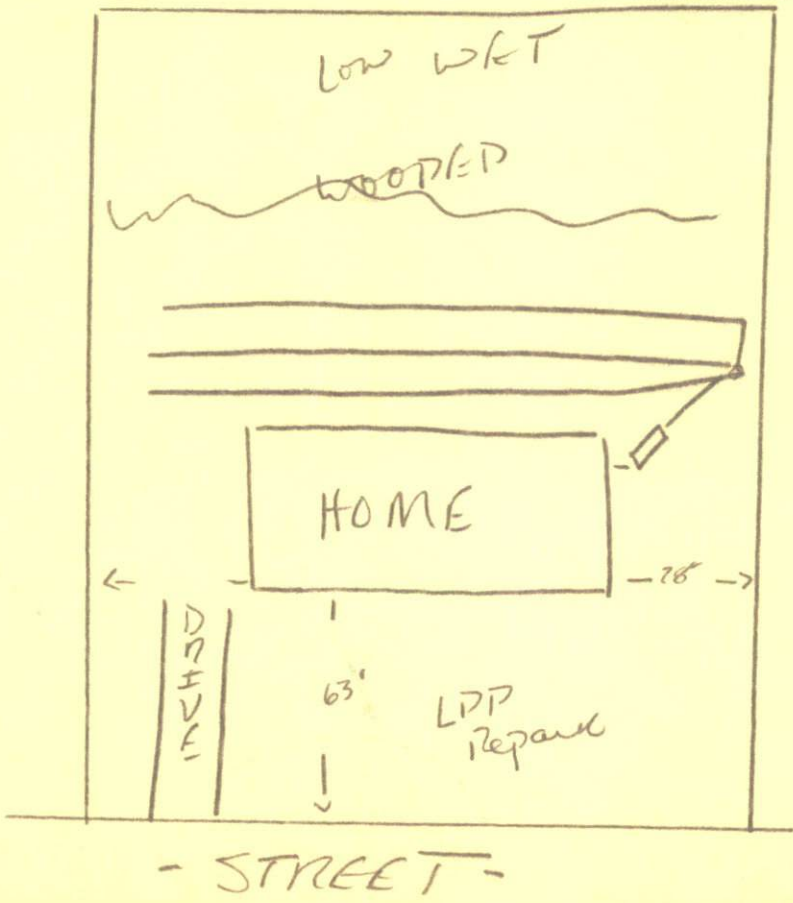
Subsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 18-20 in.
ditches of each ditch ft. ft. ft. ft.

French Drain Required: - Linear feet

Date: 4-17-02

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

Signed: Jane E. Manhart
Environmental Health Specialist



02-5-4401

HAI HART 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 # 19164. 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.

T.C. Johnson Jr Name 99-773-0838 Telephone #

341 Sunny Rd Clayton N.C. 27520 Address

1709 Property Location SR# Parkway Road Name

Greystone Subdivision 2 Lot # 3 # Bedrooms Proposed 158 Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 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. Markha Feder
Signature of Authorized Agent for Harnett County

4-17-02
Date