

02-5-4981

HARNETT COUNTY HEALTH DEPARTMENT

No 19520

# 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) MARSHALL JOHNSON

New Installation  Septic Tank

Property Location: SR# 2047 HAYES RD

Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: \_\_\_\_\_ Lot Size: 1.77 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 25% REDUCTION SYSTEM

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

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

French Drain Required: \_\_\_\_\_ Linear feet

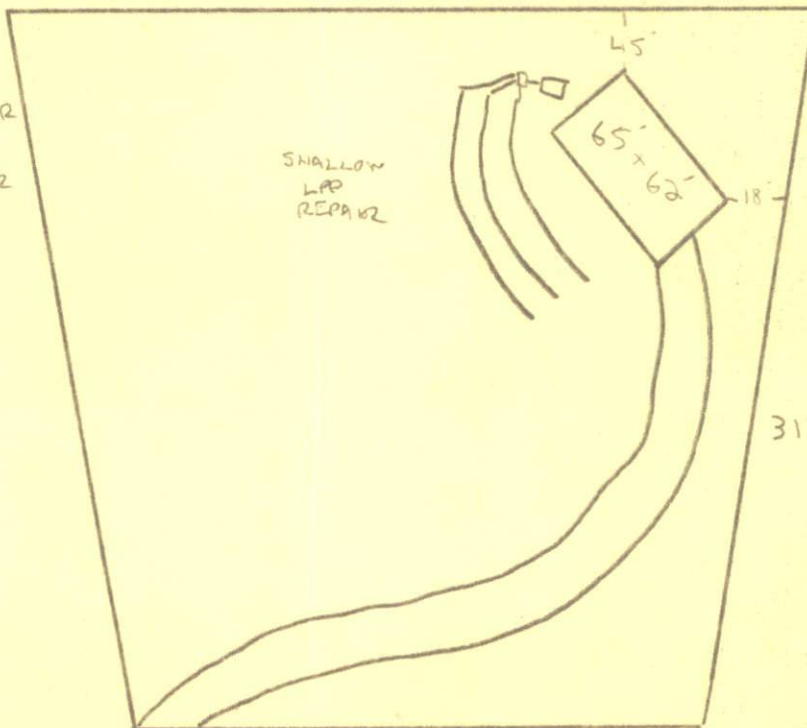
Date: 7/10/02

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

Signed: \_\_\_\_\_  
Environmental Health Specialist

317'

- \* MAINTAIN ALL SETBACKS
- \* RUN LINES ON CONTOUR
- \* MEET ON SITE PRIOR TO INSTALLATION



DRAWING NTS

SR 2047

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 # 19520. 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 919-894-2064  
803-666-7529  
Name Telephone #

283 BANNER ELK RD BENSON NC 27504  
Address

2047 HAYES RD  
Property Location SR# Road Name

3 1.77AC  
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional Other 25% RED SYS [ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public - Minimum Well Setback: 100 Ft.  
Septic Tank 1000 Pump Chamber \_\_\_\_\_

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 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] 7/10/02  
Signature of Authorized Agent for Harnett County Date