

HARNETT COUNTY HEALTH DEPARTMENT

No. 19897

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) Jeremiah Johnson New Installation Septic Tank

Property Location: SR# 210 Repairs Nitrification Line

Subdivision Adams Farm Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 7.0 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: EXISTING gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches E exact length of each ditch E ft. width of ditches E ft. depth of ditches E in.

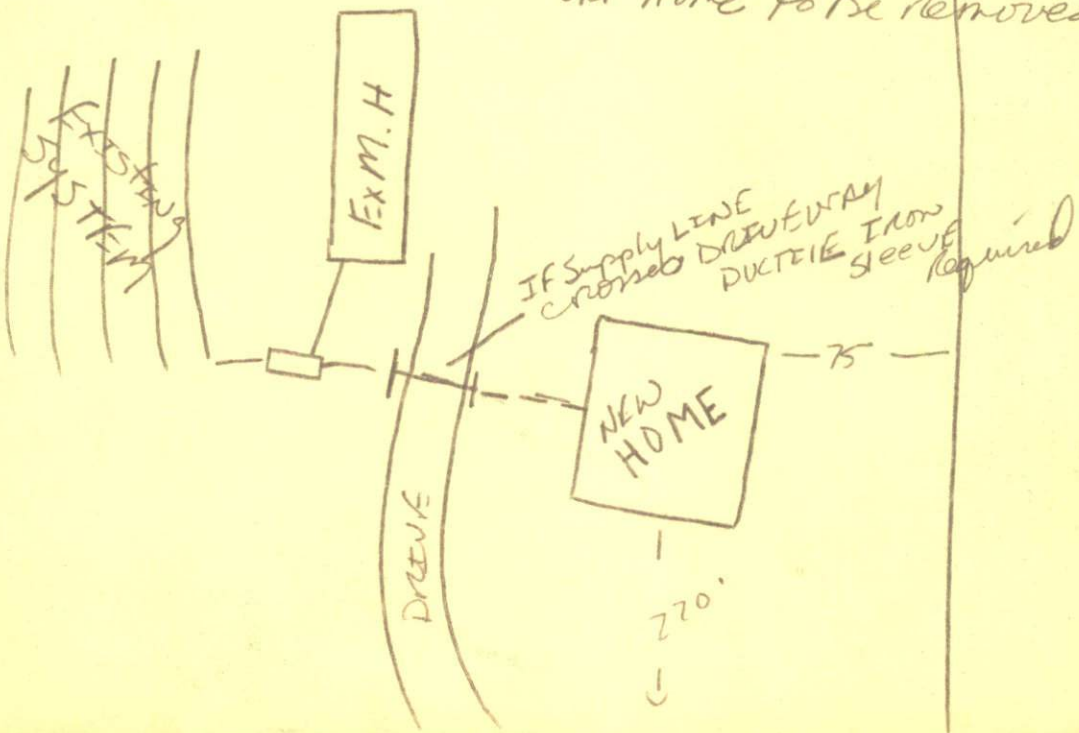
French Drain Required: _____ Linear feet

Date: 2-13-03

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

Signed: James C. Mantel
Environmental Health Specialist

*Connection For New Home To Existing System and Old Home to be removed.



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 # 19897. 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 Jeremiah Johnson Telephone# 919-331-0637

Address 9032 Ronsdell Rd Raleigh N.C. 27603

Property Location SR# 210 Road Name 210

Subdivision Adams Farms Lot # 3 # Bedrooms Proposed 4 Lot Size 7 ac

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: 50 Ft.

Septic Tank Existing gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches _____ ft. Depth of ditches _____ 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. Mantel
Signature of Authorized Agent for Harnett County of Harnett

2-13-03
Date