

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# 2005 Beck Mill RD

Repairs Nitrification Line

Subdivision Cottlesone Estates Lot # 14

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .58

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 25% Reductive System

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 24-18 in.

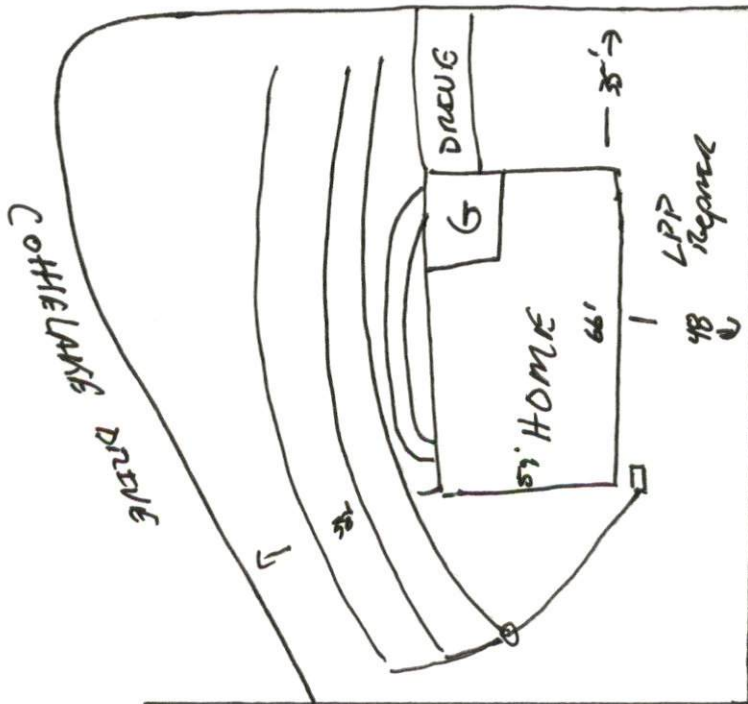
French Drain Required: - Linear feet

Date: 10-8-03

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

Signed: James E. Marshall
Environmental Health Specialist

GILLES CT



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

03-5-723172

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19347. 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 Marshall Johnson Telephone# 910-427-7111

Address 283 BANNER EIK RD

Property Location SR# 2005 Road Name Back Mill RD

Subdivision Cottestown Est Lot # 14 # Bedrooms Proposed 4 Lot Size .58

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reductor system

Basement With Plumbing Without Plumbing

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

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 24-18 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.

James E. Mankant
Signature of Authorized Agent for Harnett County of Harnett

10-8-03
Date