

IMPROVEMENT PERMIT

21291

HTE _____

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) Roy L. Johnson New Installation Septic Tank
Property Location: SR# 1712 Hobson Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Existing Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 30-18 in.

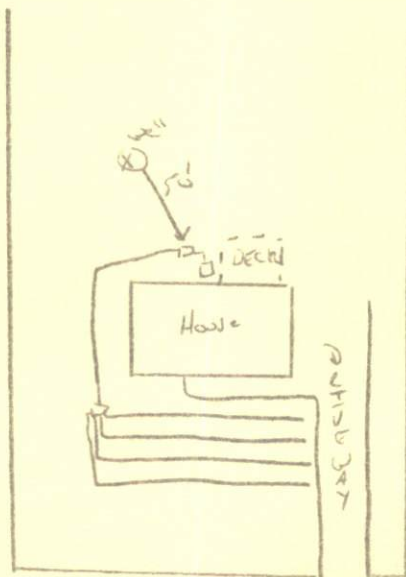
French Drain Required: _____ Linear feet

Date: 1/27/2005

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

Signed: Bryan McSwain R.H.
Environmental Health Specialist

- * Maintain all setbacks
- * 5 foot ditches at 50 inches & run to 18 inches
- * If Fall can be achieved ditch depth maintained pump will not be needed
- * Water line & utilities may need to be rerouted to maintain setbacks



Hobson Rd.

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 # 21291. 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 Roy L. Johnson Telephone # 892 3789

Address 1709 Hobson Rd. Dunn, NC 28334

Property Location SR# 1712 Road Name Hobson

Subdivision _____ Lot # Existing # Bedrooms Proposed _____ Lot Size _____

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump to Conventional

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank Existing gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 20-4 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.

Roy L. Johnson
Signature of Authorized Agent for Harnett County

1/27/2005
Date