

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) Gerald Johnson New Installation Septic Tank
Property Location: SR# Tripp Rd. Repairs Nitrification Line

Attempt to Repair

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Existing Lot Size: _____

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 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

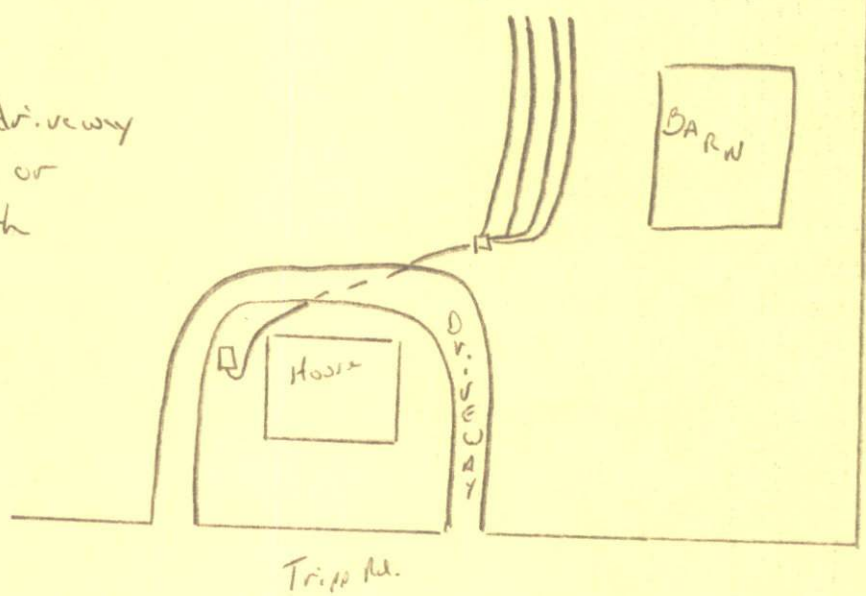
French Drain Required: _____ Linear feet

Date: 4/9/2003

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

Signed: Bryan McSwain R.S. Environmental Health Specialist

* Maintain all setbacks
* Supply to run under driveway at least 30 inches deep or it must be sleeved with iron ductile pipe



Tripp Rd.

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 # 20123. 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 Gerald Johnson Telephone# 893-5288

Address 2300 US 401 W Willington, NC 27576

Property Location SR# _____ Road Name Tripp

Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot Size _____

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

Width of ditches 3 ft. Depth of ditches 18.24 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 of Authorized Agent for Harnett County of Harnett [Signature] Date 4/9/2003