

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) Chris + Marsha Johnson New Installation Septic Tank
Property Location: SR# 2067 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 72ac

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: 1000 gallons Pump Tank: _____ gallons

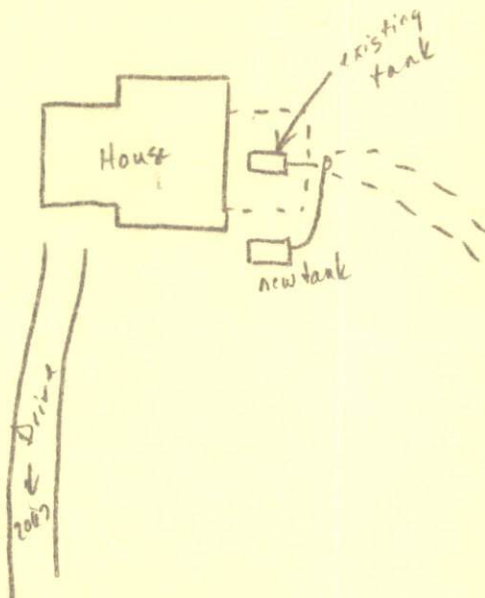
Subsurface Drainage Field No. of ditches _____ exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

Date: 7-7-98

Signed: Thomas J. Boyer R.S.
Environmental Health Specialist

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



**HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14968. 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.

Owner or Authorized Agent Chris + Marsha Johnson

Name: _____ Telephone # 893-4953

Address: 1722 Temple Rd

Property Location: SR # 2067 Road Name Temple Rd

New Installation _____ Repair Septic Tank Nitrification Lines _____

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 72

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields _____ Number of Lines per Field _____ Length of lines _____

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.

Authorized Agent for Harnett County Health Department

Name: Thomas C. Poyer A.S. Date: 2-7-97