

# 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# 1128 Danoch  Repairs  Nitrification Line  
Country Cove Lane by trash company

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Tax ID# 0527-60-7876 Quadrant # 01-0536-049-01

Number of Bedrooms Proposed: Three Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:   
Water Supply:  Well  Public  Community  
Distance From Well: 100 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 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12" in.  
French Drain required: \_\_\_\_\_ Linear feet 6" cover required

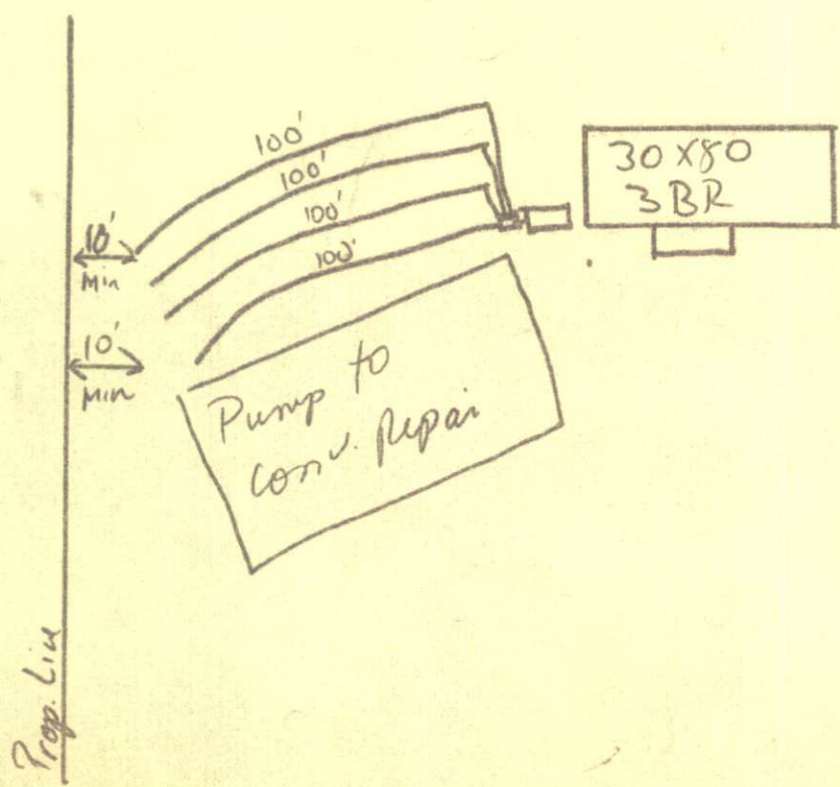
This permit is subject to revocation if site plans or intended use change.

Date: 11 May 1999

Signed: Vernon R. Dye

Environmental Health Specialist

VOID AFTER 5 YEARS



**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 # 10920. 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 \_\_\_\_\_

Name: Marshall Johnson Telephone # \_\_\_\_\_

Address: 9235 Ramsey St. Linder, NC

Property Location: SR # 1128 Road Name Danoch

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Number of Bedrooms Proposed: Three Lot size: \_\_\_\_\_

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 50 ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 4 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 12 inches 6" cover required

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: Vernon R. Welf Date: 11 May 1999