

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) Joel Johnson New Installation Septic Tank
Property Location: SR# 2034 Joel Johnson Rd. Repairs Nitrification Line

Subdivision _____ Lot # B

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 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 Chamber Trench System FWW-93-2-R1

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

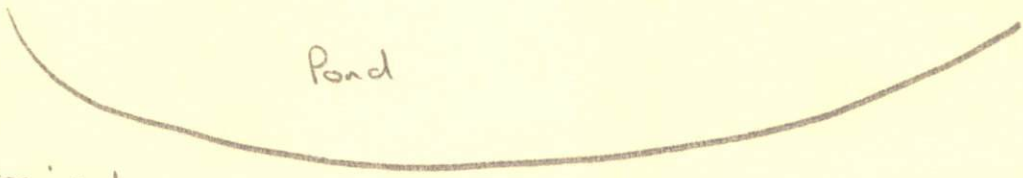
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 78 ft. width of ditches 3 ft. depth of ditches 18 in. max

French Drain Required: _____ Linear feet

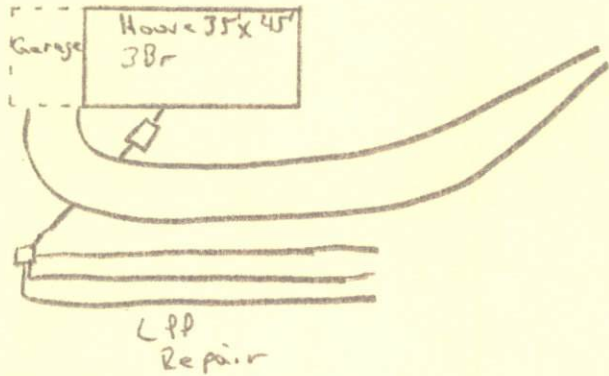
Date: 12/15/98

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

Signed: Bryan McSwain P.E.
Environmental Health Specialist



- * Maintain all required setbacks
- * Pipe from tank to D-Box must be encased with iron ductile pipe
- * 12 inches of cover must be placed on top of system



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 # 15184. 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: Joel Johnson Telephone # 895-5872

Address: 1276 Joel Johnson Rd. Lillington NC 27541

Property Location: SR # 2034 Road Name Joel Johnson

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # B

Number of Bedrooms Proposed: 3 Lot size: _____

Basement With Plumbing Without Plumbing

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

Type of System: Conventional Other Chamber Trench System I WWS-93-2-R1

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 78 ft

Width of ditches 3 ft. Depth of ditches 18 inches Max

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: Debra McSwain R.S. Date: 12/15/98