

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) Walter Johnson New Installation Septic Tank
 Property Location: SR# Homestead Ln Repairs Nitrification Line

Subdivision Homestead Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.28 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft. 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 Tank 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 max in.

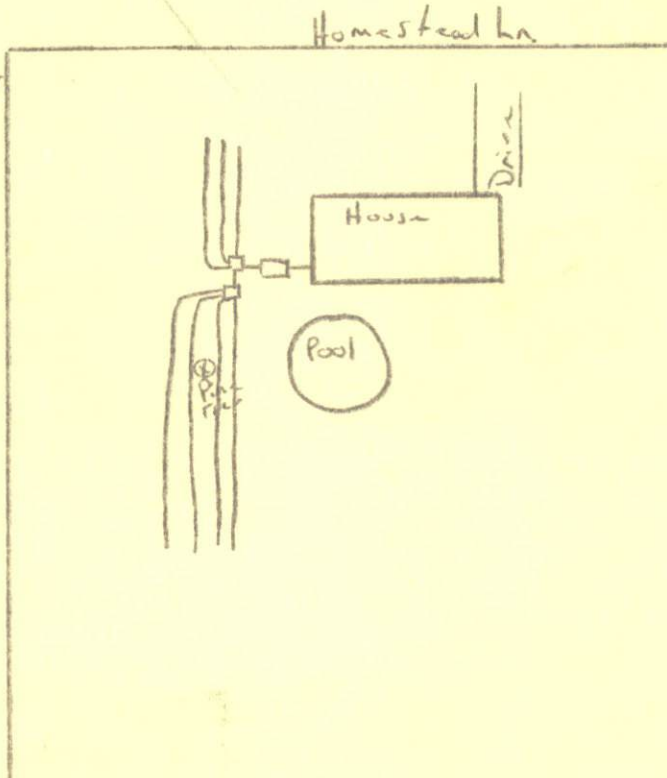
French Drain Required: _____ Linear feet

Date: 8/14/98

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

Signed: Bryce McEwen R.S.
 Environmental Health Specialist

- * Maintain required setbacks
- * 6 inches of cover must be brought in and placed on system
- * Use a Bull Run Valve to connect the old D-Box to the new D-Box
- * The "Tee" in the tank needs to be replaced
- * Under ground power lines need to be located before system is installed



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 # 14484. 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: Walter Johnson Telephone # 639-2760

Address: Rt 2 Box 224 W Homestead Ln Angier NC

Property Location: SR # _____ Road Name Homestead Ln

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision Homestead Lot # _____

Number of Bedrooms Proposed: 4 Lot size: 2.28 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank Existing tank gallons Pump Chamber _____ gallons

Nitrification Field Specifications

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

Width of ditches 3 ft. Depth of ditches 12 max 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: Bryan McJannet R.S. Date: 8/14/98