

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) Bobby Barefoot / Edith Johnson
Property Location: SR# 2048 Bethel Baptist
New Installation, Septic Tank, Repairs, Nitrification Line

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

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: THREE Lot Size: 4.25

Basement with Plumbing: [ ] Garage: [ ]

Water Supply: [ ] Well [x] 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: [x] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 3 exact length 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.

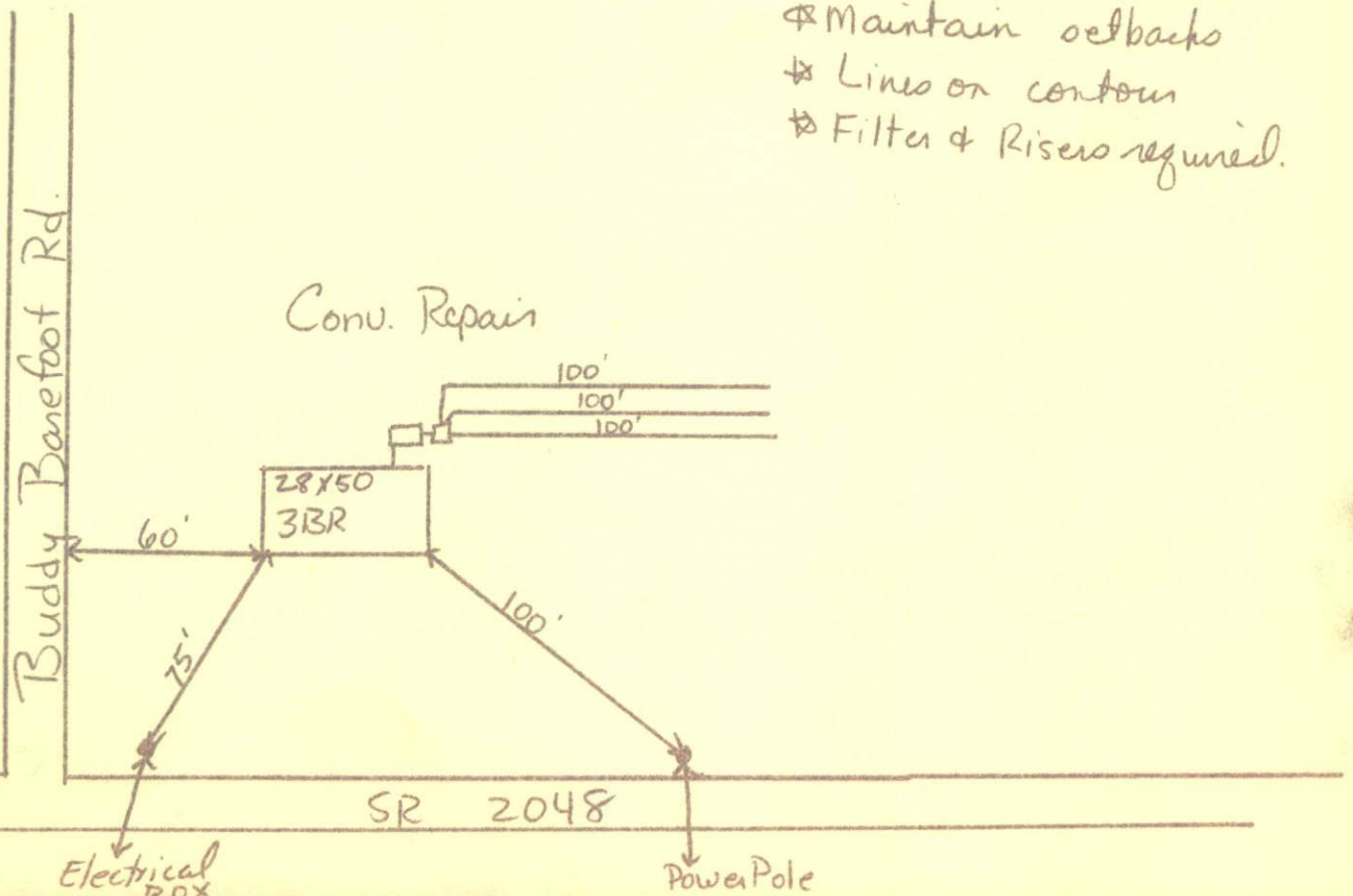
French Drain Required: \_\_\_\_\_ Linear feet

Date: 29 January 1999

Signed: Vincent R. Hodge Environmental Health Specialist

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

- Maintain setbacks
Lines on contour
Filter & Risers required.



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 # 14693. 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 Bobby Boefoot / Edith Johnson

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: 7356 Coilers Chapel Church Rd.

Property Location: SR # 2048 Road Name Bethel Baptist

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

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

Number of Bedrooms Proposed: THREE Lot size: 4.25 acres

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

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 100 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 3 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 18-20 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: Vernon R. Wolf Date: 29 January 99