

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) Ruby W LONG☐ New Installation ☒ Septic TankProperty Location: SR# 1576 Sheriff Johnson☒ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 BRN 360 GPD Lot Size: 59.63 acresBasement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other Pump to 25' rolled syst. "manholes"Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 20-18 in.French Drain Required: 240' Linear feet

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

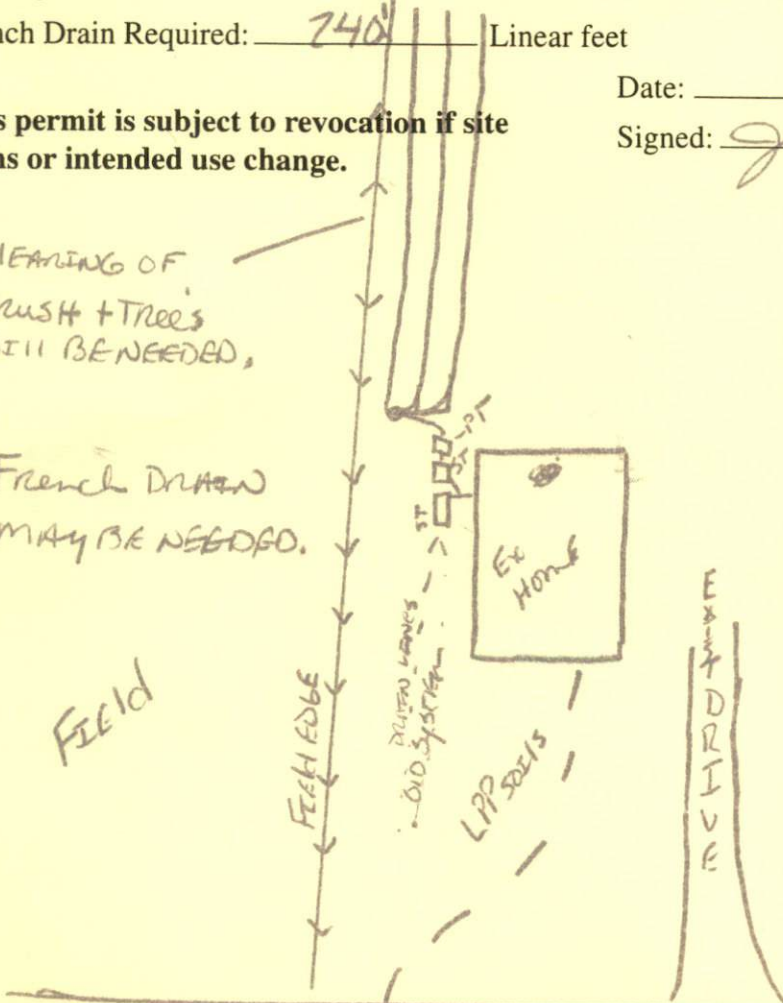
Date: 5-16-06Signed: James C. Montant
Environmental Health Specialist

* CLEANING OF
BRUSH + TREES
WILL BE NEEDED.

* French Drain
MAY BE NEEDED.

* Contractor to MISC
ON SITE Prior to
Installation!

* Well may have to be
Abandoned. IF CLOSER
than 50' to system.



SR 1576 Sheriff Johnson

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 14309. 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.*

Name Ruby W LONG Telephone # 853-4268
Address 711 860 OLD COMBS RD maxley P.O. BOX 192 Collegota N.C. 27546
Property Location SR# 1576 Road Name Sherry Johnson
Subdivision _____ Lot # _____ # Bedrooms Proposed 3 BM 3606 PD Lot Size 59 m

TYPE OF SYSTEM

☐ New Installation ☒ Repair ☒ Septic Tank ☒ Nitrification Lines
☐ Conventional ☒ Other Manitase 25% Red Syst
☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 ^{new} gal Pump Chamber 1800 ^{new} gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

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.

James E. McPherson
Signature of Authorized Agent for Harnett County

5-16-06
Date