

00-011524

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) Michael Johnson New Installation Septic Tank
 Property Location: SR# 2030 Repairs Nitrification Line
McLean Chapel to Lonesome Dove on right. before Sandifer Rd.
 Subdivision Generaline Bradford Lot # 4
 Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: FOUR Lot Size: _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

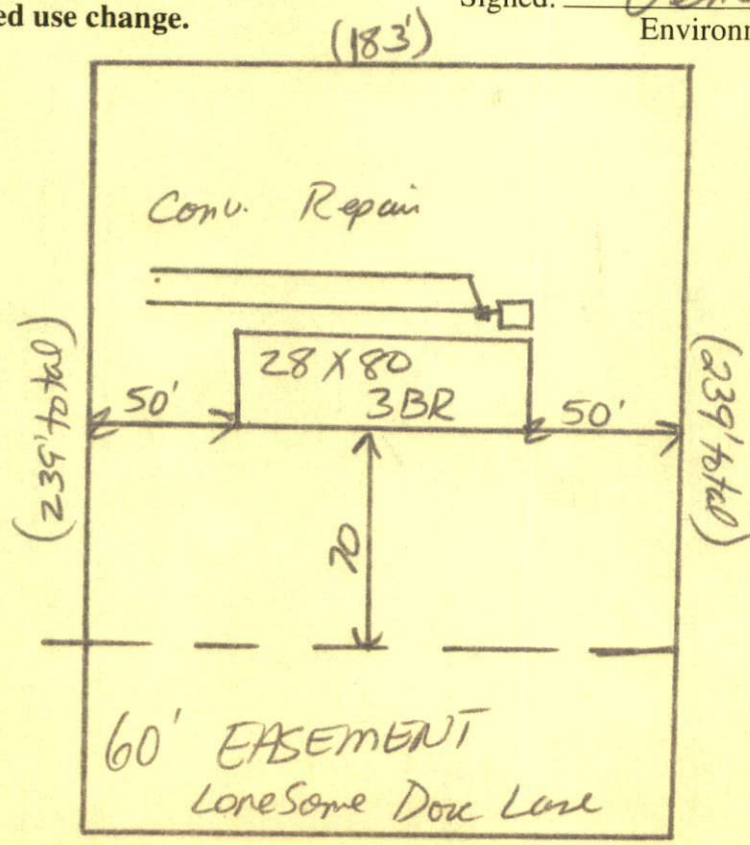
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of 2 exact length 100 width of 3 depth of 18-24
 ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.
 French Drain Required: _____ Linear feet

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

Date: 07 August 2000
 Signed: Vernest R. Hodge
 Environmental Health Specialist

1" = 60'



maintain setbacks.

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 # 17341. 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: Michael Johnson Telephone # 893-8599

Address: PO Box 357 Bunnlevel, NC

Property Location: SR # 2030 Road Name McLean Chapel

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # Four

Number of Bedrooms Proposed: Four 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 2 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 18-24 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: Verneet R. Day Date: 07 August 2000

(Revised 2/96)CNSTRCT.WPD