HARNET OUNTY HEALTH DEPARTMEN

HTE 05-5-12260

IMPROVEMENT PERMIT

22047

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) Mickey W Johnson

Property Location: SR# 1478 Centre Small Repairs

New Installation Repairs

Nitrification Nitrification Line ____ Lot # ___**/** Subdivision Jone _____Quadrant # _____ Tax ID# Number of Bedrooms Proposed: 3 Lot Size: 1.83 Basement with Plumbing: Garage: Public/ Community ☐ Well Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface exact length width of depth of No. of of each ditch 100 ft. Drainage Field ditches ditches ditches 22-718 in. French Drain Required:/ Linear feet 6-27-05 Date: This permit is subject to revocation if site plans or intended use change Environmental Health Specialist 80' 5R 1428 Lewiff mate

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT ORIZATION TO CONSTI CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22047. 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.
Mickey W Johnson Name 919-754-7208 Telephone # Address Address
Address F. V. N.C. 77526
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be some 1
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.
10.12