HARNETT COUNTY HEALTH DEPARTMENT

Nº 13939

ROVEMENT PERMI

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." New Installation Name: (owner) _ Russell Lamm Const M Septic Tank Property Location: ☐ Repairs M Nitrification Line Subdivision BRAXTON Lot #______ Tax ID# Number of Bedrooms Proposed: Basement with Plumbing: Garage: ☐ Well Water Supply: Public Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: ☐ Other _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: exact length 150 Subsurface No. of No. of exact length width of depth of ditches depth of ditches ft. ditches ft. ditches in. Drainage Field French Drain Required: _____ Linear feet Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. Maistain all Setbocks * START DITCHES AT 70" DEEP THEY SHOULD BE WORKED to 12" on Last Line. Soil WILL BE NEEDED to cover Last 76'DEEP Section also € 49

BRAXTON DR

HAI FT 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 # / 3939 . 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.			
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		Russell I Amm Coust	519-894-5517
Russell Lann Const	Telephone #		
1188 This 21 0 + 12 -25-1			
488 Johnson Rd Conts N.C.	275 21		
Property Location SR#	55		
Property Location SR#	Road Name		
Property Location SR# Braxton 17 Subdivision Lot#) 32,753 59 65 ->		
Subdivision Lot #	# Bedrooms Proposed Lot size		
TYPE OF SYSTEM			
New Installation Repair Septic Tank Nitrificiation Lines			
New Installation [] Repair [4 Septic Tank [4] Nitrificiation Lines			
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [Public - Minimum Well Setback: Ft.			
Septic Tank 1000 Pump Chamber			
NITRIFICATION FIELD SPECIFICATIONS			
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Number of fields 2 # of lines per field 2 Length of lines 150 Ft.			
Width of ditches ft. Depth of ditches 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.			
Om 5 m 1 tens	7-30-02		
Signature of Authorized Agent for Harnett County	Date		