IMPROVEMENT PERMIT 22391

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) Tammy Melamb Contacton New Installation Septic Tank Repair
Property Location: SR# 7005 Brickens (178) Nitrification Line Expansion D Subdivision Coffee Sone Lot # 32
Toy ID#
Number of Bedrooms Proposed: 4 4206PD Lot Size: 165mic
Basement 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: Other Other Who reduction System
1200
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 120 ft. ditches 3 ft. ditches 20->18 in.
French Drain Required: Linear feet Date: 3- z-o u Taures
This permit is subject to revocation if site reduction if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed James & Markandons
Environmental Health Specialist
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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 #		
Tammy McLamb Contractor	. septions	
340 Sandy Redge IZD DUNN N.C. 28334 Address		
	Brick Med Road Name	
Cottlestone 15t 3Z 4 480610 Subdivision Lot # Bedrooms Proposed	Lot Size	
TYPE OF SYSTEM [New Installation [] Repair [Septic Tank [] Nitr	ification Lines	
[] Conventional [+Other 25% Resortion System		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [] Public Water Supply Minimum W	ell Setback:Ft.	
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length		
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.		
Signature of Authorized Agent for Harnett County	3- 2-06 Date	