HARNETT COUNTY HEALTH DEPARTMENT

IMF OVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion 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) W Russell &Amon New Installation Septic Tank Property Location: SR# 2005 Baschar 1/Rf + 50 2007 Repairs Nitrification Line Clauhole Subdivision The metrod Lot # 2 Quadrant # _____ Tax ID #____ Basement with Plumbing: Garage: ☑ Public ☐ Community Distance From Well: _____50° __ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other ____ Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: No. of ditches 5 exact length of each ditch 75 ft. ditches 75 ft. ditches 18.20 in. Subsurface Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist SR 2005 103' DRIVE HOME Car Regain

HAI TT 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 # 13945. 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 own	nership, site pla	ns, or intended use change	
W Russell Lamm			
Name	Telephone #		
Name 488 Johnson Rof Con Address	to N.C.	27521	
Address			
2005	Brickfill Road Name		
Property Location SR#	Road Name		
TI	7-	3	121
Subdivision	Lot #	# Bedrooms Proposed	Lot size
,	200	" Down come 11 opens	DOT OLD
	TYPE OF S	<u>YSTEM</u>	
	/		
New Installation [] Repair [- Septic Tank [] Nitrificiation Lines			
			A 40 COS COS
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [] Public - Minimum Well Setback:Ft. Septic Tank / OCC Pump Chamber			
NUTDIFICATION FIELD SPECIFICATIONS			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields 7 # of lines per field 5 Length of lines 75 Ft.			
7			
Width of ditches ft. Depth of ditches inches			
	*		
French Drain: Linear feet required Depth of gravel			
		8-11-11	
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			Permit and that a
valid Ope	erations Perm	it has been issued.	
	2.5.	E 7 47	
Signature of Authorized Agent for Harnett County Date			
Signature of Authorized Agent for Harnett Cou	inty	Date	