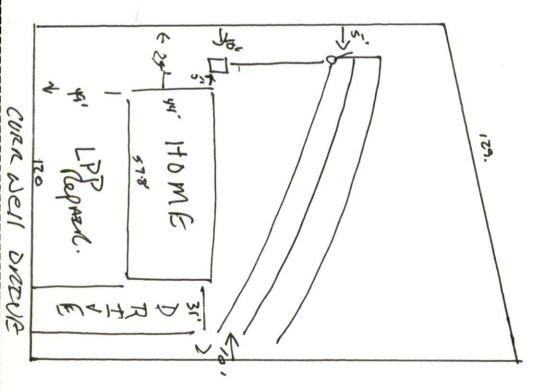
HARNETT COUNTY HEALTH DEPARTM

Nº 18812

IM. 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."

from the Harnett Co	unty Health Departme	ent."		
Name: (owner) _	Russell LAM	rom Constanction	New Installation	Septic Tank
Property Location	: SR#_ <i>158 Ba</i>	ileys X RDS	Repairs	Nitrification Line
Subdivision _ h	zHowbnook		Lot	#_ 3
Tax ID #				
		Lo		
Basement with Plumbing: Garage:				
Water Supply:	Well Publ	ic Community		
Distance From We	ll: 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: 10	gallons Pu	mp Tank: gal	lons
		exact length of each ditch 100 ft.	width of def. ditches ft. di	epth of tches 18 in.
French Drain Requ	nired:		F 25 03	
This permit is sub plans or intended	oject to revocation use change.	Date: Signed: <u>C</u>	5-28-03 Environmental Hea	Lutions



#03-5-7074

HARNEL I COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 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.					
Russell Lamon Constre 910-894-					
Name Telephone#					
Name Corsta 910-874- Telephone# 488 Tohusor Rd Corpts N.C. 2752/ Address					
Property Location SR# Road Name					
Property Location SR# Road Name Subdivision Road Name Road Name Lot # Bedrooms Proposed Lot Size					
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: Ft.					
Septic Tank 1000 gd Pump Chamber gd					
NITIRFICATION 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 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 of Harnett Date					
Signature of Authorized Agent for Harnett County of Harnett Date					