

HTE 04-5-8842 A

IMPROVEMENT PERMIT

20406

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) Ramm (Developer)

New Installation Septic Tank
 Repairs Nitrification Line

Property Location: SR# 421

Subdivision Brook Wood Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (53 x 35) Lot Size: .87 AC

Basement with Plumbing: [] Garage: [] PLAC

Water Supply: [] Well [x] Public [] Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [] Conventional [x] Other Pump to 2 foot wide chamber

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

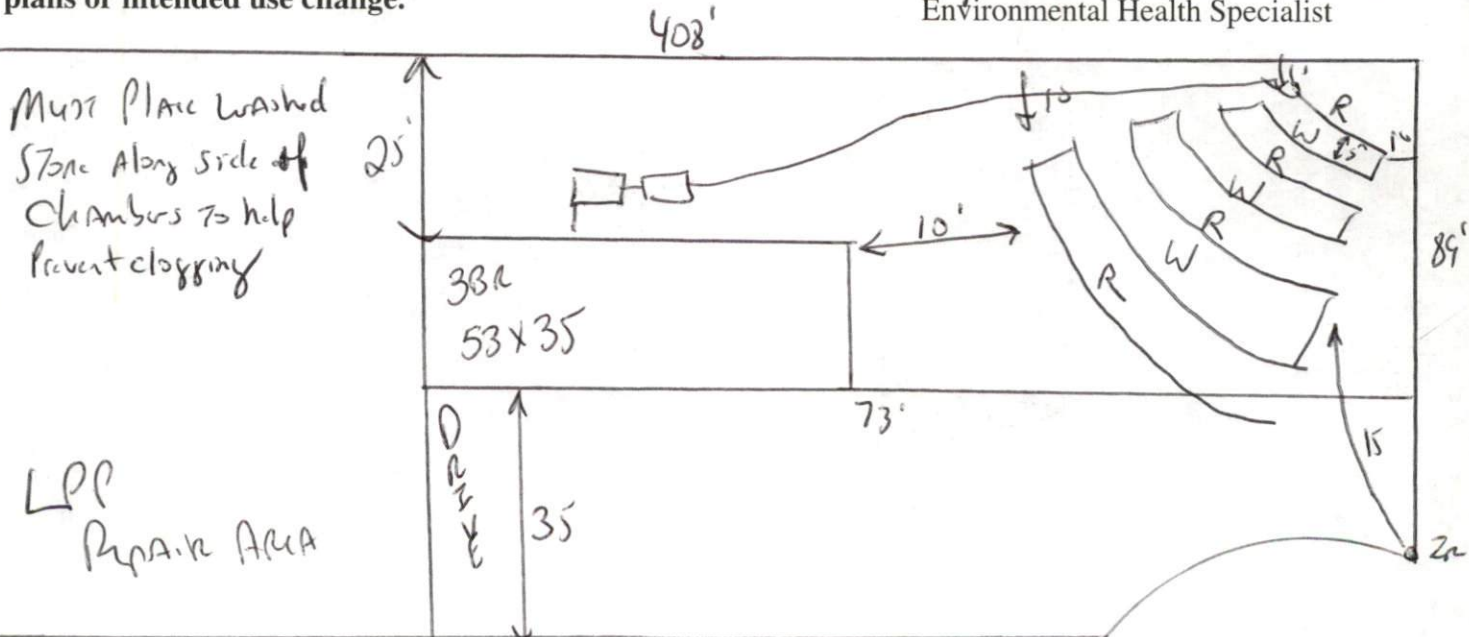
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 300 ft. width of ditches 2 ft. depth of ditches 18 MAX in.

French Drain Required: _____ Linear feet of 2' wide chamber

Date: 4-6-04

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] Environmental Health Specialist



← 75421

Meet onsite Before Installing - Septic Area has been in it
Beam can be shaved down 11" ditch depth.
Maintain All setBacks Chambers to Be 5' on center

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 # 20406. 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.

Ramm Dev.
Name _____ Telephone # _____

Address _____

421
Property Location SR# _____ Road Name _____
Brookwood 6 3 (53x35) .87 ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank Nitrification Lines
[] Conventional Other Pump to 2' wide chamber
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 300 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 14 inches of 2' wide chamber

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.

J. West RS _____ Date 4-6-04
Signature of Authorized Agent for Harnett County