HARNETT COUNTY HEALTH DEPARTMENT

HT	E#		

IMPROVEMENT PERMIT 23108

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) Brent Lambout New Installation Septic Pank Repair
Property Location: SR# 1943 Latange He RS Nitrification Line Expansion Lot # Quadrant # Number of Bedrooms Proposed: ZBM Z406PB Lot Size: 1.46CBM
Tax ID# Quadrant #
Number of Bedrooms Proposed: ZBM Z406PD Lot Size: 1.466
Basement with Plumping: Garage: Garage:
Water Supply: Well 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: Other 25% Reduction System
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches / ft. of each ditch zoo ft. ditches 3 ft. ditches 24 in.
French Drain Required:Linear feet
This permit is subject to revocation if site Date: 7-19-06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
Contraction to MEST & Signed as SMal tone
ONSETE Prior Environmental Health Specialist
CENT SEN LAYOUT
GAN # P
919-639-
11010
NEW DIE DIE FOLL
with wind waterial waterial
To Pot 18 18 18 LA FRY BHB RD

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Departr	nent of Public I	Health, Improvement Permi	the specifications described by t#_23108 This	S	
authorization shall be v	alid for a period	I not to exceed five (5) year wnership, site plans, or inte	s from the date of issuance.		
Brent LAMBE	ent		919-537- 9810		
<i>P.O.</i> B∂ × /325 Address	F.V.	N.C. 77526	Telephone #		
Property Location SR#			CAFAGEHE RD		
Property Education Sign		284 24700	Road Name 1. 466 AC Lot Size		
Subdivision	Lot#	# Bedrooms Proposed	Lot Size	•	
	<u>T</u>	YPE OF SYSTEM			
[] New Installation [-	Repair [] Septic Tank [Nits	rification Lines		
		p to reduction by			
[] Basement [] With					
Water Supply: [- Well	[Public	Water Supply Minimum W	Vell Setback: Ft.		
		Pump Chamber			
		ON FIELD SPECIFIC			
Number of fields	# of lines	s per field/ Lengt	h of lines Ft.		
Width of ditches3	ft. Depth	of ditches 21" inche	S		
French Drain: Linear fee	t required	Depth of gravel	<u>-</u>		
No wastewater system sh	all be covered a	or placed into use by any no	erson until an inspection by the	7	
Harnett County Health D	epartment has o	letermined that the system he it and that a valid Operation	has been installed according to		
		2		=	
James En	whent	evs.	7-20-06		
Signature of Authorized Agent for Harnett County			Date		