

HARNETT COUNTY HEALTH DEPARTMENT

HTE 0450010894R

**IN PROGRESS PERMIT**

**21491**

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) Walter & Valeric Moody  New Installation  Septic Tank  
 Property Location: SR# NC 87  Repairs  Nitrification Line

Subdivision STARWOOD Lot # 32

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 (existing home) Lot Size: .40 ac

Basement with Plumbing:  Garage:  MUST meet on-site prior to installing

Water Supply:  Well  Public  Community Septic system must be installed before

Distance From Well: 4 ft. Addition can be built existing drain line

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

Type of system:  Conventional  Other Pump to 25% Reduction system

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18-30 in.

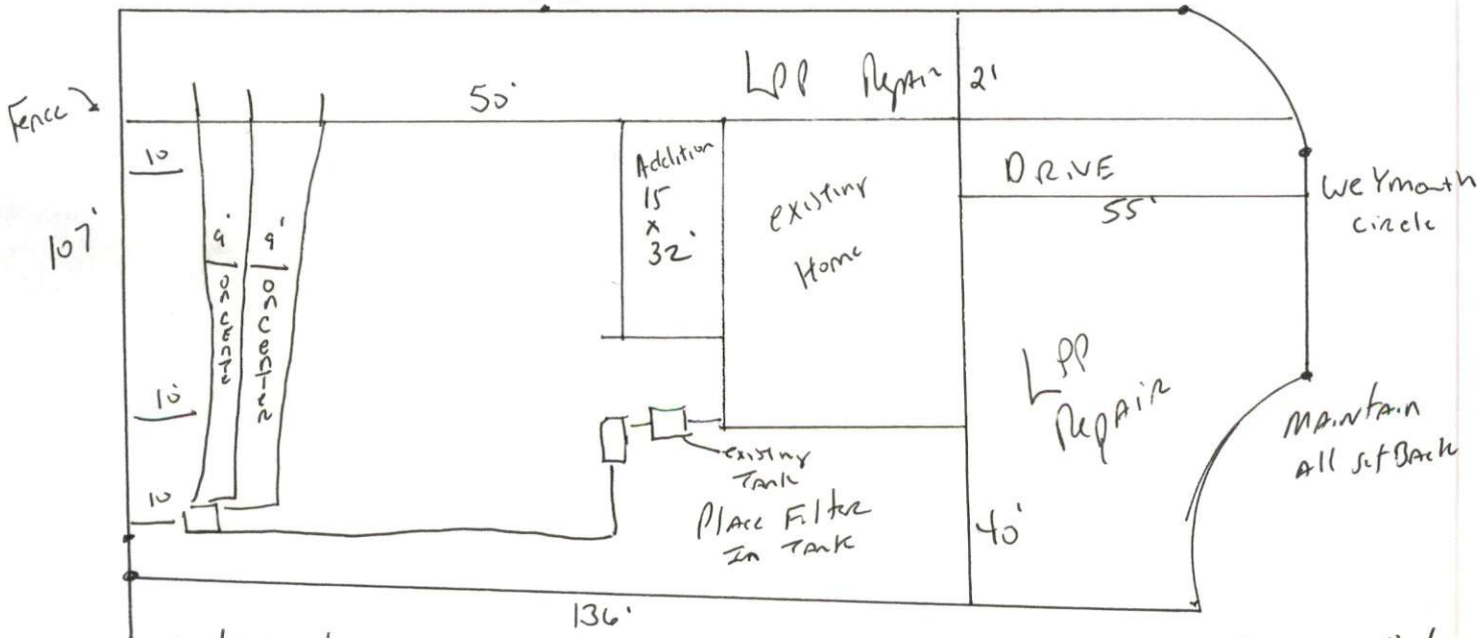
French Drain Required: \_\_\_\_\_ Linear feet 25% Reduction system

Date: 12.21.04

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

Signed: Ja Ward  
 Environmental Health Specialist

Hawksworth Place



Meet on-site prior to installing septic system - NEW system must be installed before Addition can be started - MUST HAVE surveyor locate all zones of the property if appears that there is a zone old system to be properly Abandoned prior to Addition const.

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 # 21491. 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.*

Name Walter & Valerie Moody Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Property Location SR# N197 Road Name \_\_\_\_\_

Subdivision Starwood Lot # 32 # Bedrooms Proposed 4 (existing home) Lot Size .45 ac

**TYPE OF SYSTEM**

New Installation [ ] Repair  Septic Tank  Nitrification Lines

[ ] Conventional  Other Pump to 25% reduction system

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 existing gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 18.75 inches of 25% reduction system

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 Joe West RS

Date 12-21-04