## HARNET OUNTY HEALTH DEPARTMEN'

## IMPROVEMENT PERMIT

Nº 19062 Oa-5-4288

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 f from the Harnett County Health Department."	or disposal of sewage without first obtaining a written permit
Name: (owner) Ray Moore Moore Home	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision Fox Run	Lot #
Tax ID#	Quadrant #
Number of Bedrooms Proposed: 4 ( 22 x 76)	Lot Size:         Ac
Basement with Plumbing: Garage	
Water Supply:  Well Public  Comm	unity
Distance From Well:ft.	
_	
Size of tank: Septic Tank: gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch	width of 3 depth of 8 in.
French Drain Required: Linear feet	1/2-
This permit is subject to revenetion if site	te: 4-222 gned: Find Environmental Health Specialist
50 4BR 32 X76 MH 50'	18" Ditch Depths maintain All set Backs Os not Dave Depart on septic system
74 Park	SR
Rood	

## HA TT COUNTY HEALTH DEPARTMEN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct County Health Department authorization shall be valid for a part of this authorization will be invalid if	nt, Improvemen eriod not to exc	teed five (5) years from the d	This late of issuance.	
KAY MOOR Moore Hone			814-3349 Telephone #	
Name U		Telephon	e#	
Address Property Location SR#		Road Nar	ne	
fox Run	16	# Bedrooms Proposed	1-11AC	
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 - Minimum Well Setback: 50 Ft.				
NITRIFICATION 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.				
( la la Ani		4-22-02-		

Date

Signature of Authorized Agent for Harnett County