

HARNETT COUNTY HEALTH DEPARTMENT

HTE 055051181R

IMPROVEMENT PERM

21669

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) WILL MOORE
Property Location: SR# 2030 McLEAN CHAPEL CH. RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision COUNTRY VIEW ESTATES Lot # 5

Tax ID # Quadrant #

Number of Bedrooms Proposed: 4 Lot Size: 1.40

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

Distance From Well: 100 ft.

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: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

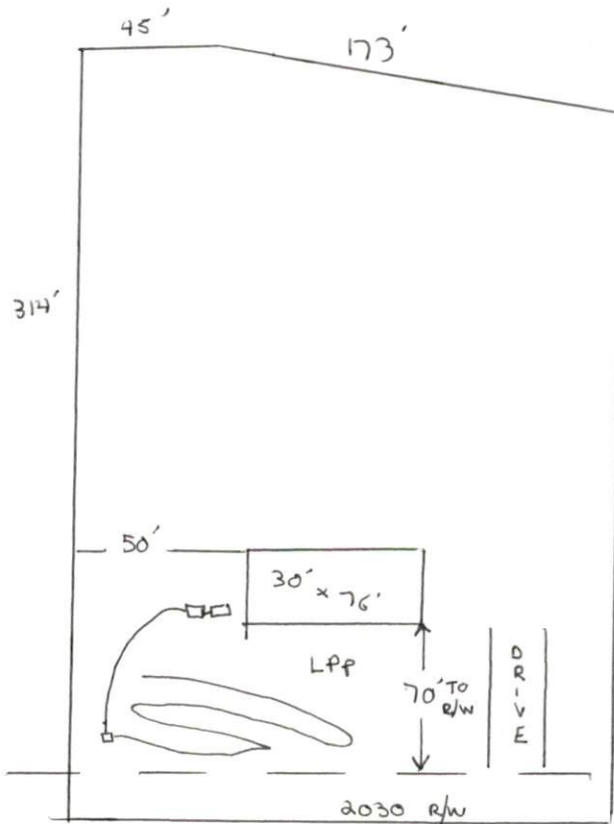
French Drain Required: Linear feet

Date: 2/11/05

Signed: [Signature] ES (OLIVER TOLKSOOP) Environmental Health Specialist

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

- \*MAINTAIN ALL SETBACKS
\*PUMP SPECS: 23 gpm @ 9' TDH
\*CALL WITH ANY QUESTION PRIOR TO INSTALLATION



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 # 21669. 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.*

Will Moore Name 910-514-8212 Telephone #

PO Box 32 BURNLEVEL NC 28323 Address

2030 Property Location SR# McLEAN CHAPEL CHURCH RD Road Name

COUNTRY VIEW EST. Subdivision 5 Lot # 4 # Bedrooms Proposed 1.40 AC Lot Size

**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: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 270 Ft.

Width of ditches 3 ft. Depth of ditches 24 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] Signature of Authorized Agent for Harnett County 2/11/05 Date