

HTE# 065-14264

# IMPROVEMENT PERMIT 22831

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) MOORE HOMES New Installation  Septic Tank  Repair

Property Location: SR# 2035 STOCKYARD RD Nitrification Line  Expansion

Subdivision STOCKYARD ROAD ESTATES Lot # 17

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

Number of Bedrooms Proposed: 4 (480 gpd) Lot Size: 1.00ac

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 25% REDUCTION SYSTEM

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

Subsurface No. of exact length width of depth of  
Drainage Field ditches 3 ft. of each ditch 120 ft. ditches 3 ft. ditches 36-48 in.

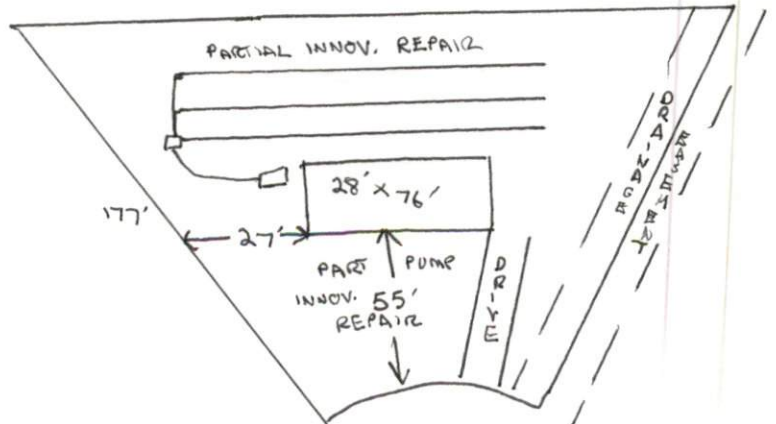
French Drain Required: \_\_\_\_\_ Linear feet

Date: 3/23/06  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] RS (OLIVER TOLKSDORF)  
Environmental Health Specialist

\*MAINTAIN ALL SETBACKS  
\*START LINES @ 36" DEEP  
USE 1 STEPDOWN



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 # 22831. 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.***

MOORE HOMES 814-3349  
Name Telephone #

3205 HWY 42N LILLINGTON NC 27546  
Address

2035 STOCKYARD RD  
Property Location SR# Road Name

STOCKYARD RD EST 17 4 (480 gal) 1.0 ac  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other 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 \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 36-48 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

3/23/06  
Date