HARNETT COUNTY HEALTH DEPARTM

HTE 05-5-11109 IN.. ROVEMENT PERMI 21400

from the Harnett County Health Department."	Now Installation O Santia Tools
Name: (owner) RAY MOORE	New Installation Septic lank
Property Location: SR# /727 506-6-5 RD	
Subdivision Walts Crosszwg Tax ID #_ Number of Bedrooms Proposed: 3	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3	Lot Size: 63
Basement with Plumbing: Garage	
Water Supply:	nity
Distance From Well:ft.	
Following is the minimum specifications for sewage of	lisposal system on above captioned property. Subject
to final approval.	
Type of system:	5% 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 of each ditch 100	ft. ditches 3 ft. ditches 22718 in.
French Drain Required:Linear feet	
	Date: 1-/2-05
This permit is subject to revocation if site	Signed: 1-12-05 Signed: Environmental Health Specialist
plans or intended use change.	Environmental Health Specialist
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HARNETT CONTY DEPARTMENT OF PUR CHEALTH AULIDRIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Perauthorization shall be valid for a period not to exceed five (5) y This authorization will be invalid if ownership, site plans, or a	rmit # <u>2/400</u> . This years from the date of issuance.	
RAY MOORE	DIU 33119	
Name /	814-3349 Telephone #	
3705 Huy 421 N Lellengton	N.C. 27546	
	50665	
Property Location SR#	Road Name	
Subdivision Subdivision Lot # # Bedrooms Proposed	. 63	
	Lot Size	
TYPE OF SYSTEM	* *	
[New Installation [] Repair [Septic Tank [] Nitrification Lines		
[] Conventional [] Other 75% Reduction system		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field 3 Le	ength 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 an		
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.		
James & Manhantana	1-12-05	
Signature of Authorized Agent for Harnett County	Date	