TT COUNTY HEALTH DEPART HA

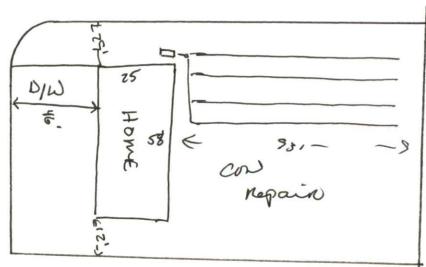
HTE 05-5-11830

IMPROVEMENT PERMIT

21893

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) Moone to tenprise	New Installation Septic Tank
Name: (owner) Moore for the prise Property Location: SR# 1483 Harwett Central	Repairs Nitrification Line
Subdivision Pean Mendow	Lot # _25
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3	_ Lot Size:
Basement with Plumbing: Garage:	_
Water Supply: ☐ Well ☐ Public ☐ Communi	ty
Distance From Well: 50° ft.	
Following is the minimum specifications for sewage disto final approval.	
Type of system:	% Reduction Systa
Size of tank: Septic Tank: 1000 gallons	
Subsurface No. of exact length of each ditch_75	width of depth of ditches 3 ft. depth of ditches $24 \rightarrow 18$ in.
French Drain Required:Linear feet	Date: 4-26-05
This permit is subject to revocation if site plans or intended use change.	Signed ane E Markett & 18. Environmental Health Specialist



#05-5-11830

HARNETT (INTY DEPARTMENT OF PU C 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 # Z1893 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.	
Mosse + Moone Extensise Name Telephone # Telephone # Address Address	
401N Woodrow ST Figury N.C. 28363	
Property Location SR# Hankett Cestral Road Name	
Pern Merson zs 3 .36 Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[New Installation [] Repair [Septic Tank [Nitrification Lines	
[] Conventional [] Other 75 % Reduction Syst	
[] 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 Length of lines Ft.	
Width of ditches ft. Depth of ditches 24->18 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 of Authorized Agent for Harnett County Date	