

IMPROVEMENT PERMIT

03-5-6517

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) Antonio Moore
Property Location: SR# NC 27 Oak Top Circle
Subdivision Longleaf Acres Lot # 42

- Checkboxes: New Installation, Septic Tank, Repairs, Nitrification Line

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

Number of Bedrooms Proposed: 3 (28x48) Lot Size: .51 ac

Basement with Plumbing: [ ] Garage: [ ] Please note changes in house location

Water Supply: [ ] Well [X] Public [ ] Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [X] Conventional [ ] Other

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

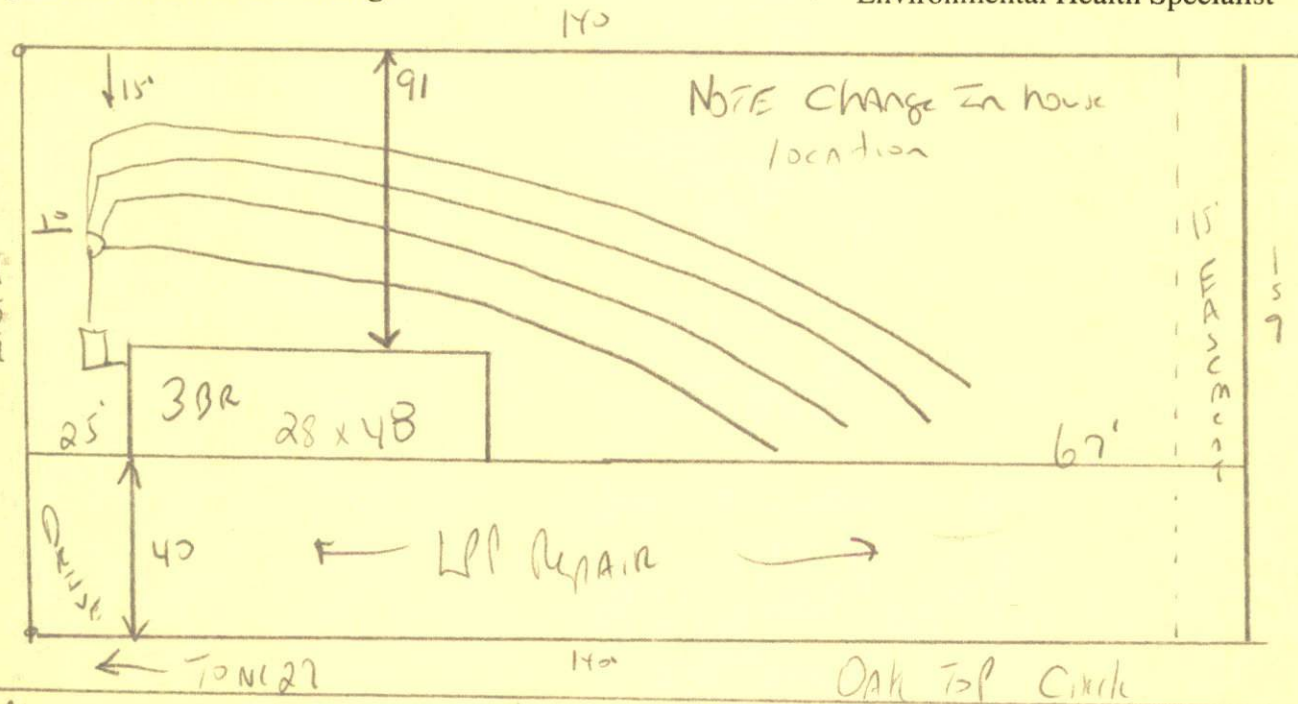
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

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

Date: 02-24-03

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

Signed: J. WARS Environmental Health Specialist



PLEASE note change in house location
Do not Drive or park on septic system
Maintain all Set Backs

HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19251. 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.

Antonio Moore  
Name

893-4193  
Telephone#

Address

NC HWY 27

Property Location SR#

Road Name

Longleaf Acres  
Subdivision

42  
Lot #

3 (28 x 48)  
# Bedrooms Proposed

0.51 Ac  
Lot Size

**TYPE OF SYSTEM**

New Installation    Repair    Septic Tank    Nitrification Lines  
 Conventional    Other \_\_\_\_\_

Basement    With Plumbing    Without Plumbing

Water Supply:  Well    Public Water Supply   Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 <sup>MAX</sup> 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 of Harnett

2-27-03  
Date