

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 # 19504. 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.

Name SHERRY S. DARRIGAN Telephone # 436-2455

Address 8443 ELLIOTT BRIDGE RD SPRING LAKE NC 28390

Property Location SR# 2045 Road Name ELLIOTT BRIDGE RD

Subdivision _____ Lot # 2 # Bedrooms Proposed 3 Lot size 14.85 AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CONV. [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 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 8/11/02