HARNETT OUNTY DEPARTMENT OF POLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permi	the specifications described by It # 21644 This
authorization shall be valid for a period not to exceed five (5) year	s from the date of issuance.
This authorization will be invalid if ownership, site plans, or inte	ended use change.
STANCI BUILDERS Name	639-2013
Name	Telephone #
466 STANCEI ROSI - Angien N.C. 275 Address	701
7415 Property Location SR#	RAWLS CHURCHIZD
Alex PACE Z 3 Subdivision Lot # Bedrooms Proposed	1.85
Subdivision Lot # # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	× ×
[New Installation [] Repair [Septic Tank [] Nitrification Lines	
[] Conventional [JOther 25% Roduction 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 Leng	th of linesFt.
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
No westewater existent shall be severed and a line 1	
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 & Montant ans	3-14-25
Signature of Authorized Agent for Harnett County	5-14-05 Date