

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21560. 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.*

HQH Constructors

Name

Telephone #

Address

1125

Property Location SR#

Road Name

Forest Oaks

51

3(48x47)

5300

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other Prop to 25% Reduction SYSTEM

[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches of 25% Reduction SYSTEM

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.

Jon West RJ

Signature of Authorized Agent for Harnett County

6.30.05

Date