



HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # 23057. 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.*

H&H Const.  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

1125  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Woodshire Ph 4 118 3669x55) 360 sq ft .35 ac  
Subdivision Lot # # Bedrooms Proposed Lot Size

**TYPE OF SYSTEM**

- New Installation [ ] Repair  Septic Tank  Nitrification Lines  
[ ] Conventional  Other 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 \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.  
Width of ditches 3 ft. Depth of ditches 18.24 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.

Joe West RS  
Signature of Authorized Agent for Harnett County

06-21-06  
Date