## HARNETT JNTY DEPARTMENT OF PU IC HEALTH AU IORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2 1 5 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.
All: n One/Michael Gurky-Juan Herrardez 919862-0234 Name Telephone #
497 Us Highway 701 South Four Oaks Sith Fell, UC. 2777
Property Location SR#  Road Name
V: ctr. H: 115 39 3ex. fr Subdivision Lot # Bedrooms Proposed Lot Size
TEXABLE OF CANCILLON
TYPE OF SYSTEM
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines
[] Conventional [] Other 25 % lalux for System
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback: 50 Ft.  Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field/ Length of lines240 Ft.
Width of ditches ft. Depth of ditches 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