

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 # 17560. 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.

Owner or Authorized Agent _____

Name: Mass Home Builders Telephone # 893-4875

Address: P.O. Box 577 Lillington, N.C. 27546

Property Location: SR # 1443 Road Name Lafayette

New Installation Repair Septic Tank Nitrification Lines

Subdivision Victoria Hills Lot # 8

Number of Bedrooms Proposed: 3 Lot size: _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other Polystyrene Aggregate Trench System I WWS-95-2R

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 200ft.

Width of ditches 3 ft. Depth of ditches 18 inches MAX

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.

for Harnett County Health Department

M. J. ... Date: 2/8/2001