



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 # 19089. 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.

STAFFORD Land Co.  
Name

692-9808  
Telephone #

Address

NC 87

Property Location SR#

Road Name

STARWOOD

73

3(42x36)

.369 ac

Subdivision

Lot #

# Bedrooms Proposed

Lot size

TYPE OF SYSTEM

New Installation [ ] Repair  Septic Tank  Nitrification Lines

Conventional Other 1

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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]  
Signature of Authorized Agent for Harnett County

5-14-02  
Date