

**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 # 20102. 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.*

Name Stanil Builders Telephone# 919 639 2073

Address 466 Stanil Rd. Angier, N.C. 27501

Property Location SR# 1463 Road Name Cokerbury

Subdivision Cokerbury Lot # 11 # Bedrooms Proposed 3 Lot Size _____

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

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 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18 in.

French Drain: Linear feet required _____ Depth of gravel _____

*10-6-04
IP NOT
in file?
4.11*

No wastewater system shall be covered or placed into use by an Harnett County Health Department has determined that the system meets the conditions of the Improvement Permit and that a valid Operation and Maintenance Plan has been submitted.

Signature of Authorized Agent for Harnett County of Harnett Bryan M. Lewis R.S. Date 2/14/2007