



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 # 19267. 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.

Jimmy Pearce/Horco  
Name

328-5257  
Telephone#

Address

1115

Property Location SR#

Peachtree

Road Name

Subdivision

Lot #

# Bedrooms Proposed

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: \_\_\_\_\_ Ft.

Septic Tank

1000

gal

Pump Chamber

gal

**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

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 of Harnett

03-17-03

Date