



HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \_\_\_\_\_. 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.

Custom Contracting  
Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

1201

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
Carolina Season H-4 4(56x28) .44Ac  
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 280 Ft.

Width of ditches 3 ft. Depth of ditches 18-2-1 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] \_\_\_\_\_ Date 11-19-02  
Signature of Authorized Agent for Harnett County of Harnett