



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20568. 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.*

Caviness Land Dev.  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address  
1141

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_  
The Summit                      67                      3(58x36)                      .4/AC  
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: 50 Ft.  
Septic Tank 1000 gal    Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 200 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.

Joe West RS                      5-3-04  
Signature of Authorized Agent for Harnett County                      Date