



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 # 20016. 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 Danny Moore Telephone# 892-4345

Address \_\_\_\_\_

Property Location SR# 1115 Road Name \_\_\_\_\_

Subdivision Crestview Lot # 100 # Bedrooms Proposed 4 (6x38) Lot Size .36 ac

**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 320 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 of Authorized Agent for Harnett County of Harnett [Signature] Date 4-24-03