## JUN-13-2000 11:00 HARNETT COUNTY PLANNING 910 893 2793 AUHUKIZAIIGN IU CUNSIKUCI

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. 01172
Owner or Authorized Agent HAmilton Builders
S THE RESIDENCE OF THE PARTY OF
Name: Telephone # 897-5395
Address:
Property Location: SR # Old 421 Road Name
New Installation   Repair   Septic Tank   Nitrification Lines
Subdivision Lee's Place Lot # 2
Number of Bedrooms Proposed: 3(3/x51) Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional X Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines / OU
Width of ditches ft. Depth of ditches 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.
Authorized Agens for Harnett County Health Department
Name: Of 14.200
Revised 2/96)cnstrct.wpd