



# 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 # 17455. 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.

Owner or Authorized Agent \_\_\_\_\_

Name: Leslie Sullivan Telephone # 639-6021

Address: 166 E Depot St Angier N.C. 27501

Property Location: SR # 1532 Road Name LANGDON

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision \_\_\_\_\_ Lot # 28+29

Number of Bedrooms Proposed: 3 Lot size: .363

Basement  With Plumbing  Without Plumbing

Water Supply: Well  Public  Minimum Well Setback: 50' ft.

Type of System: Conventional  Other  EFF-222 LAY

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

### Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 3 Length of lines 75

Width of ditches 3 ft. Depth of ditches 18-20 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 Agent for Harnett County Health Department

Name: James C. Martell SAS Date: 6-28-08