

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 # 20048. 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.

Pine Grove 498-2200
Name Telephone#

NC 24/27
Address

Wood Bridge 47 3(27x76) 52 AC
Property Location SR# Road Name
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

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 120 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] 5/14-03
Signature of Authorized Agent for Harnett County of Harnett Date