

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 # 20887. 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.*

TERRI CIONI
Name _____ Telephone # _____

Address _____

NC 24/27

Property Location SR# _____ Road Name _____
The Highlands 37 3 (42x66) 50m
Subdivision @ Sherwood Lot # _____ # Bedrooms Proposed _____ Lot Size _____
Front

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
Signature of Authorized Agent for Harnett County

08-04-04
Date