

IMPROVEMENT PERMIT

01-5-1497

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Claude Wigglesworth New Installation Septic Tank
 Property Location: SR# NC27 Repairs Nitrification Line
372 LAKERIDGE DRIVE
 Subdivision MIRC BRANCH Est Lot # 96

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: existing Lot Size: .67 AC

Basement with Plumbing: Garage: Must meet onsite before installing
 Water Supply: Well Public Community
 Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches existing exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

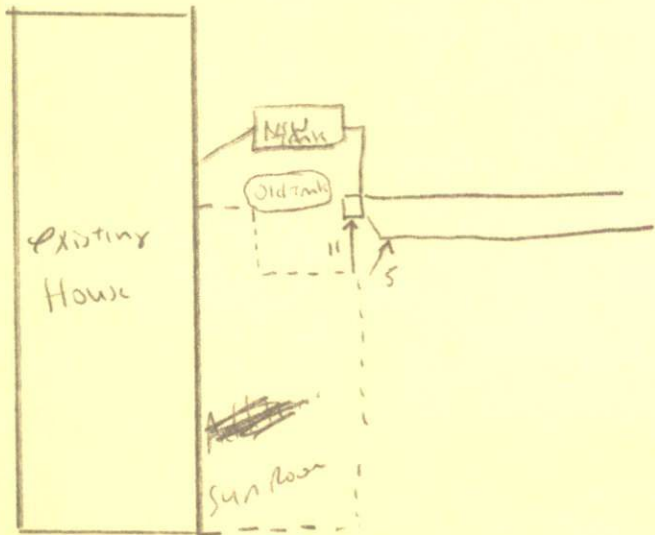
Date: 03-21-01

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
 Environmental Health Specialist

MUST meet onsite before installing - Old TANK must be pumped Sprayed with Bleach and destroyed. Set new TANK so that fall into existing DRAIN field can be maintained. If fall into the existing DRAIN field cannot be achieved then Pump will be Required. DO NOT DRIVE OR PARK on septic system

Keep Any Building 5' from existing or new part of DRAIN field



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 # 18280. 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 Claude Wigglesworth

Name: _____ Telephone # 499-1015

Address: _____

Property Location: SR # Nc 27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Mike Branch Lot # 96

Number of Bedrooms Proposed: 3 Lot size: .67 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields EXITY Number of Lines per Field _____ Length of lines _____

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 Agent for Harnett County Health Department

Name: [Signature] Date: 3-21-01