

IMPROVEMENT PERMIT

1-5-1742

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) Keith Bigler
Property Location: SR# 1100
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Wkswood # Lot # 17

Tax ID # Quadrant #

Number of Bedrooms Proposed: 4 (28x80) Lot Size: 10.03 AC

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

Distance From Well: 100 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:

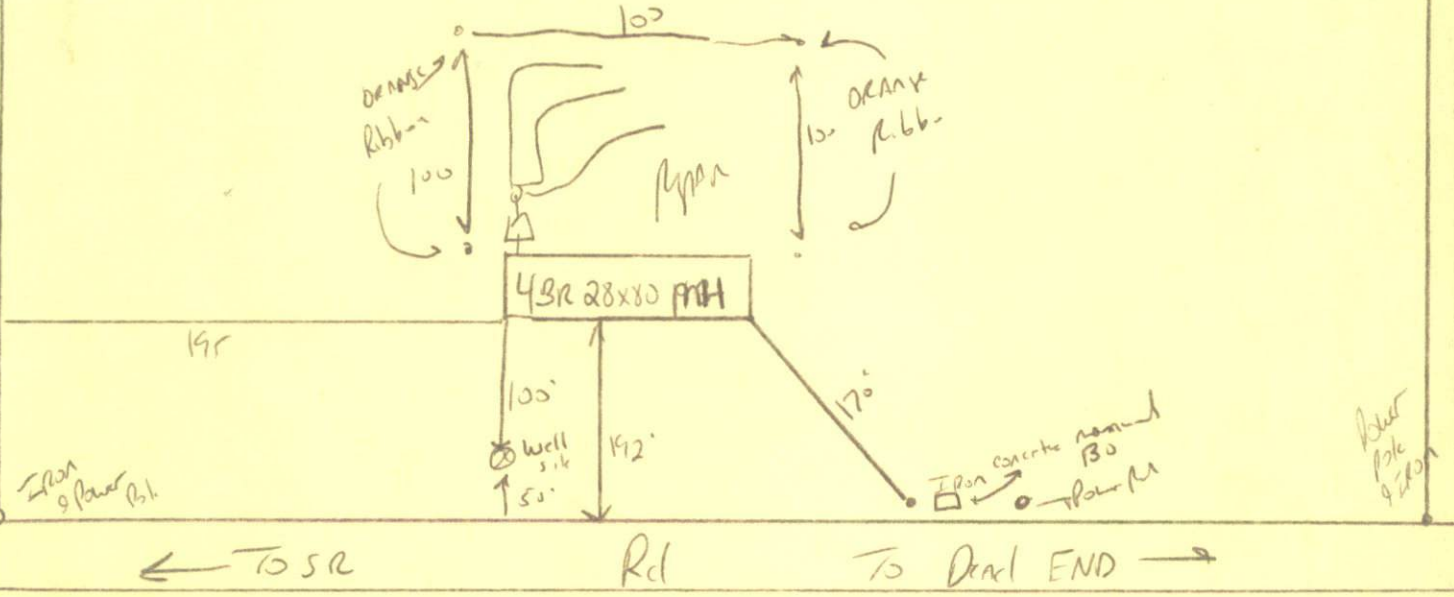
Subsurface Drainage Field: No. of ditches 3 exact length 100 width of 3 depth of 18-24 in.

French Drain Required: Linear feet

Date: 4-19-01

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

Signed: Environmental Health Specialist



NOTE Well MUST Be 100' from Any part of septic system
DO NOT DRIVE OR PARK ON septic system
Keep system within my Orange Ribbon - 100x100' square Behind Home MAINTAIN ALL set BACKS

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 # 18221. 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 Keith Bigler

Name: _____ Telephone # ⁹¹⁹ 718-6985

Address: _____

Property Location: SR # 1100 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Weswood Lot # 17

Number of Bedrooms Proposed: 4(28x80) Lot size: 10.03 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 60

Width of ditches 3 ft. Depth of ditches 16-24 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.

Authorized Agent for Harnett County Health Department
Name: [Signature] Date: 4-19-01