

01-5-3431

IMPROVEMENT PERMIT

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) Jimmie Driggers

New Installation Septic Tank

Property Location: SR# Byrd Mill Road 2006

Repairs Nitrification Line

Subdivision WELD Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.01 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: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18-24 in.

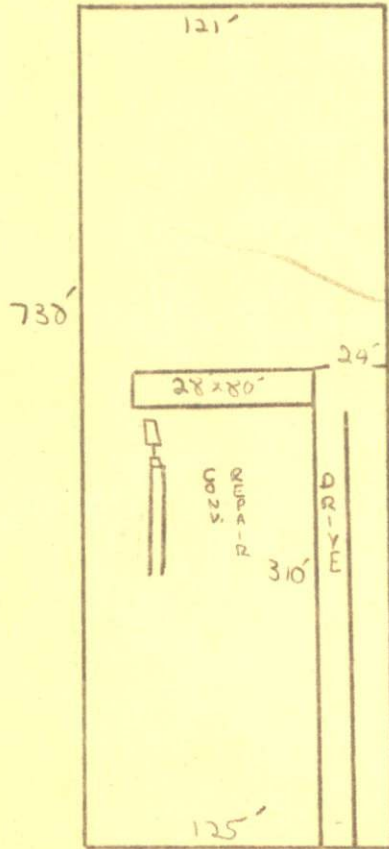
French Drain Required: _____ Linear feet

Date: 11/28/01

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

Signed: [Signature]

Environmental Health Specialist



* MAINTAIN ALL SETBACKS

* INSTALL LINES NO DEEPER THEN 24"!

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 # 18680. 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.*

Jimmie Driggers 910-893-6496
Name Telephone #
PO Box 526 BUNNLEVEL 28323
Address
2026 BYRD MILL RD
Property Location SR# Road Name
WE20 4 3 2.01 AC
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 - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 60 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] 11/28/01
Signature of Authorized Agent for Harnett County Date