HARN [COUNTY HEALTH DEPARTM]

HTE 04-5-10539

IMPROVEMENT PERMIT

21367

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) Eugene L Wigley

Property Location: SR# 1403 Hancel Center Tends

Repairs

New Installation Septic Tank

Repairs

Nitrification Line Lot # _ 3 Subdivision_ PEAR MEADOW Tax ID #______Quadrant #______Number of Bedrooms Proposed:______3 ____Lot Size:______35 Garage: Basement with Plumbing: □ Well Public Water Supply: Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Dother 25% Reduction System Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches Z of each ditch 125 ft. ditches 3 ft. ditches 24-7/8 in. French Drain Required: - Linear feet Signed: Environmental Health Specialist This permit is subject to revocation if site STOTUNGF. plans or intended use change. Lot IHAS TRUE LPPREPARK Home Almost Too LANGE FOR LOT JAHY LUSCIOUS W

HARNETT CC ITY DEPARTMENT OF PUB 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 # 21367. 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.
Fuggens L Wigley Name 719 - 460 - 4996 Telephone #
P.O. Box 1823 Angien N.C. 27501
Property Location SR# Road Name
Pean Meadow 3 3 .35 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [Tother 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Z Length of lines Ft.
Width of ditches ft. Depth of ditches _24718_ 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.
Agnature of Authorized Agent for Harnett County Date
Dale