INPROVEMENT PERMIT 01-5-1741

tion of any building at which a septic tank system is to be used for disp from the Harnett County, Health Department."	s: Section III, Item B. "No Person shall begin construc- posal of sewage without first obtaining a written permit
Name: (owner) Ed Thank) Ja	New Installation Septic Tank
Property Location: SR# 103	
Subdivision Ed Thomas	
Tax ID #	Quadrant #
Tax ID #	Lot Size: 2.90 AC
Basement with Plumbing: Garage:	1 XX Please not change
Water Supply:	In house location.
Distance From Well: 55 ft. Mu) 7 move h	louse to As shown on punt or
Following is the minimum specifications for sewage disposal sy final approval.	stem on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: Oggallons F	
Subsurface No. of exact length of each ditch	width of depth of ditches in.
French Drain Required: Linear feet	
	4-17-01
This permit is subject to revocation if site plans or intended use change. Signed:	Jo WANI
	Environmental Health Specialist
mus met as	Septie system
MW7 meet on Toll Proportatione Site for Final 161	Follow contains maintain
	All set Backs
LAYOUT PAR FLAY	STOREN
18, WAY 1144 3BK	160' Blufly
Depths 28x56	1
	.75
(6) 175 LP1	MAR.R :
CIANT 312 1 82.	0
	TREA 80. Pink
10 Enh	Flo,
Ph XPleAse Note Change In	house
500 Location of	

AULIORIZATION TO CO. TRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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 __ Ed [hona] Property Location: SR # 103 Road Name _____ Repair ____ Septic Tank ___ Nitrification Lines ____ Number of Bedrooms Proposed: 3(28×56) Lot size: 2.90 AC Basement _____ With Plumbing ____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: _____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 200 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ 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

(Revised 2/96) CNSTRCT. WPD