IMPROVEMENT PERMIT 22543

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) Phillip M Thom for New Installation Septic Tank & Repair
Name: (owner) Philip M Thomas New Installation Septic Tank Repair New Installation Septic Tank Repair
Number of Bedrooms Proposed: 3(27x62) 3626 Lot Size: 10.03 AZ
Basement with Plumbing: Garage: Garage:
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 Purp to Conventional
Size of tank: Septic Tank: ספט gallons Pump Tank: _ gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 6 ft. of each ditch 100 ft. ditches 3 ft. ditches 18 in.
French Drain Required:Linear feet Date: 03-15-06
This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE
plans or intended use change.
Signed: Signed: Signed:
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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 # 22.547
Harnett County Department of Public Health, Improvement Permit # 22547
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 interval.
This authorization will be invalid if ownership, site plans, or intended use change.
Name / Narnton
Telephone #
Address
1267
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size Tot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank
[] Conventional Nother Pump To Conventional
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: Well Public Water Supply Minimum Well Setback. 50
Septic Tankgal Pump ChambersetbackFt.
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines ST
Width of ditches ft. Depth of ditches inches 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.
Yor West RS
Signature of Authorized Agent for Harnett County
Date