

TCCHC MIC &amp; CASE MGMT

(FAX)910 567 6072

P.003/003

P.001/001

## FRANKLIN COUNTY HEALTH DEPARTMENT

556-4780 FAX

|                                                                  |                                         |                                                                                            |                    |
|------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|--------------------|
| PERMIT NUMBER:<br><u>110160</u>                                  | DATE:                                   | OWNER: <u>92-7837</u>                                                                      | SIZE: <u>1.200</u> |
| APPLICANT: <u>CONST. IMPROVE PERMIT 20030828</u>                 |                                         | SAPPAH CLIFFORD & SAPPAH<br>PO BOX 510<br>ROLESVILLE NC 27571                              |                    |
| ADVANCED CONSTRUCTION<br>107 SALLINGER ST<br>KNIGHTDALE NC 27545 |                                         | DESCRIPTION: 3 YEAR <input checked="" type="checkbox"/> LIFETIME: <input type="checkbox"/> |                    |
| COMMENT: <u>910-210-3</u>                                        |                                         |                                                                                            |                    |
| LOCATION/DIRECTIONS:                                             | SIGNATURE OF OWNER OR AUTHORIZED AGENT: |                                                                                            |                    |
| PERMIT FEES HEADQWS #3<br><u>225.00</u>                          |                                         |                                                                                            |                    |

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

|                      |                           |                        |                         |
|----------------------|---------------------------|------------------------|-------------------------|
| TOPO <u>PS</u>       | TEXTURE <u>PS</u>         | STRUCTURE <u>PS</u>    | DEPTH <u>PS</u>         |
| R. HOR <u>PS</u>     | SOIL. WET <u>PS</u>       | AVAIL. SP <u>PS</u>    | OTHER <u>PS</u>         |
| MINRL <u>PS</u>      | OVERALL <u>PS</u>         | LTAR <u>0.275</u>      |                         |
| #BEDRMS <u>3</u>     | GPD <u>360</u>            | DISPOSAL               |                         |
| SZ. TANK <u>1000</u> | SZ. CHAM <u>24"</u>       | NITRIFI <u>3'x450'</u> | TYPE. SYS <u>CONV.</u>  |
| SITE. LOC            | MAX TRENCH DEP <u>24"</u> | TYP. FAC <u>SED</u>    | TYPE. WAT <u>PUBLIC</u> |

REMARKS: \*CA Signed Once Lot IS Cleared & Home

\* Home to be placed AS SHOWN!

CONTRACTOR: \_\_\_\_\_

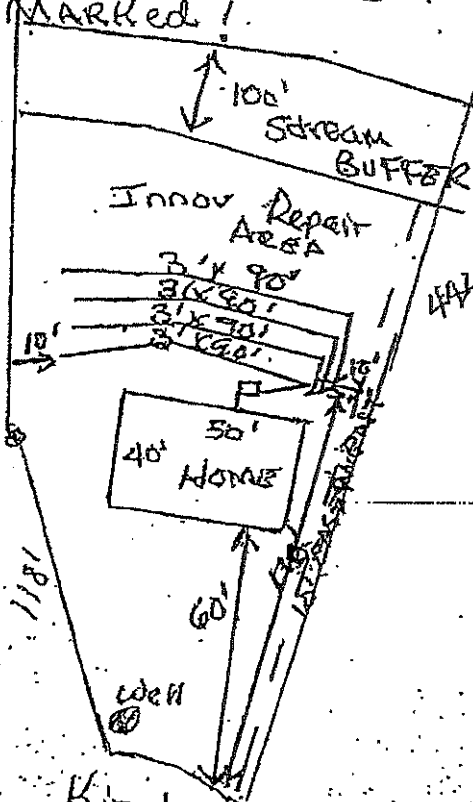
TANK MANUF: \_\_\_\_\_

MANUF DATE: \_\_\_\_\_

\* Install Innov SYSTEM AS SHOWN along Contour & IN DRY Conditions

\* Do Not Park or Drive over SYSTEM

\* Additional AREA will HAVE to be Cleared!



IMPROVEMENT PERMIT DATE: 8/29/03

CONSTRUCTION AUTHORIZATION DATE: 4/29/04

OPERATION PERMIT DATE: \_\_\_\_\_

ENV HEALTH SPEC: Andy Smith

ENV HEALTH SPEC: Andy Smith

ENV HEALTH SPEC: \_\_\_\_\_