30349

## HTE# BRESIGOL-0023 Harnett County Department of Public Health

Improvement Permit

	A b	uilding permit cannot be	issued with only an Imp	provement F	Permit	26251
100000000000000000000000000000000000000	(======0	PROP	'ERIY LOCATION: 19	FI Va	Mey Road (SC	1 × (0) 2 , )
ISSUED TO: Kennetha						
NEW REPAIR	EXPANSION		Site Improve	ments requ	ired prior to Construction Authoriza	ation Issuance:
Type of Structure: 1150 6			8			
Proposed Wastewater System Type:		roction				
Projected Daily Flow: 48	C GPD	0				
Number of bedrooms:4	Number of Occupar	nts: max				
Basement Yes Tho	_					
Pump Required: ☐Yes ☐ No			n and elevations of facilit			_ /
Type of Water Supply:   Commun	,		m well	feet	Permit valid for:	Five years
Permit conditions:						☐ No expiration
	// 4				W-1988	
Authorized State Agent::	Tolle	em neys	Date: 0//	25/2	POIG SEE ATTAC	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This						
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of						
the Laws and Rules for Sewage Treatment and	d Disposal and to conditions	of this permit				
		Canataurati	an Authorizati			
			ion Authorizati	1011		
••••••••••••••••••		V	for Building Permit)			rom romano reconstruito
The construction and installation requirements with the attached system layout.	s of Rules .1950, .1952, .1954	4, .1955, .1956, .1957, .1958.	and .1959 are incorporated by	y references in	to this permit and shall be met. Systems sl	nall be installed in accordance
ISSUED TO: Kenneth &	. Connie R	Chardson	PROPERTY LOCATION:	141	Valley Road (ri	101 # 8
Facility Type: 481 68 X	28' DWMH	□ New □		Repair	1:3:	
Basement? Yes No Basement Fixtures? Yes No						
					(Initial) Wastewater Flow: _	480 GPD
(See note below, if applicable	1)				_ ()	
(see note below, it applicable		25% Reduct	(Ranair)			
Installation Descinements/Condition		Number of trenches				
Installation Requirements/Condition		DEPOSITION OF THE PARTY AND ADDRESS OF THE PAR		6	9	
Septic Tank Size 1000		Exact length of each			, 0	Feet on Center
Pump Tank Size	_ gallons	Trenches shall be insta				ches
		Maximum Trench Dept	th of: 22	inches	(Maximum soil cover shall no	t exceed
		(Trench bottoms shall	be level to $\pm 1/4$ "		36" above the trench botto	m)
		in all directions)				
Pump Requirements:					NA	inches below pipe
- amp medan ements					Aggregate Depth:	inches above pipe
Conditions:					00 0 1	inches total
conditions.						menes total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.						
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.						
Owner/Legal Representative Signature: Date: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This						
Construction Authorization is subject to compl	liance with the provisions of t	the Laws and Rules for Sewage	Treatment and Disposal and to	the condition	ns of this permit. SEE A	TTACHED SITE SKETCH
			-	1888 D		300 000 000 000 000 000 000 000 000 000
Authorized State Agent: Date: 01 25 12019						
ANDREWS	WROLL !	Construction	on Authorization Expi	iration Da	te: 01/25/2024	
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## Harnett County Department of Public Health Site Sketch

