Harnett County Department of Public Health

Improvement Permit

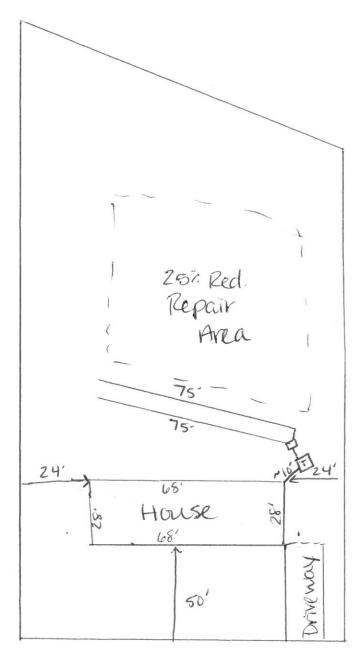
A	building permit cannot be issued with only an Improvement Permit	
Clarate a Hamper	F CONFIRMOPERTY LOCATION: 24155 NC 29-27	- 01
ISSUED TO: CICYTOY I TICYTUS C	SCY ITEN CAUBOUVISION	LOT #
NEW REPAIR EXPANSIO	Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure: Manufactured	nome - DW	
Proposed Wastewater System Type: 25%. Vec	AUCTED	
Projected Daily Flow: 4 80 GPD		
Number of bedrooms: Number of Occup	ants:8max	
Basement Yes X No		
Pump Required: Yes No May be requi	red based on final location and elevations of facilities	
Type of Water Supply: Community Dublic	Well Distance from well feet Permit valid for:	Five years
Permit conditions:		■ No expiration
1111		
the the	2 1	
Authorized State Agent::	relates Date: 5)10)15 SEE ATT	TACHED SITE SKETCH
0	tees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in	n meeting their requirements. This
	hanges. The haprovement 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 Disposal and to condition	s of this permit.	
	Construction Authorization	
Th	(Required for Building Permit)	
with the attached system layout.	154, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems	shall be installed in accordance
	00 -01	1
ISSUED TO: (104 TZM HUNLES C	of Sanford property location: 24155 NC 24	1-21
manufactured nor		LOT #
Facility Type: 4 bolym DW	New ☐ Expansion ☐ Repair	
	ures? Yes No	LICA
Type of Wastewater System**	leduction System (Initial) Wastewater Flow:	480 GPD
(See note below, if applicable)	1	
257. Lec	luction System (Repair)	
Installation Requirements/Conditions	Number of trenches \(\frac{1}{2} \)	
Septic Tank Size 1000 gallons	Exact length of each trench	Feet on Center
Pump Tank Sizegallons	1 10	inches
Tulip Talk Sizegallolis	16 711	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bot	tom)
	in all directions)	
Pump Requirements:ft. TDH vs		inches below pipe
	Aggregate Depth:	inches above pipe
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MILET	T TOTT TOOM ANY DADT OF CERTIC CYCTEM OR REDAID AREA	
	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.	
**If analicable: I understand the system type specified	is different from the type specified on the application. I accept the specifications of	this parmit
	is unievent from the type specified on the application. I accept the specifications of	uns permit.
Owner/Legal Representative Signature:	Date:	
	lat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in c	
Construction Authorization is subject to comphance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:	Date: 5)10/19	
MULIIVITZEU STATE MEETIL		
	Construction Authorization Expiration Date: 5/10/24	

HTE#	Bres	1904	- 0051
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Permit # _____

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 24155 NC HWY	24-27
ISSUED TO: Clayton Homes of Sanford SUBDIVISION	LOT # <u>9</u>
Authorized State Agent: Date: 5 10 19	



NC HWY 24-27