HTE# 08-5-20145

Harnett County Department of Public Health

24811

Improvement Permit

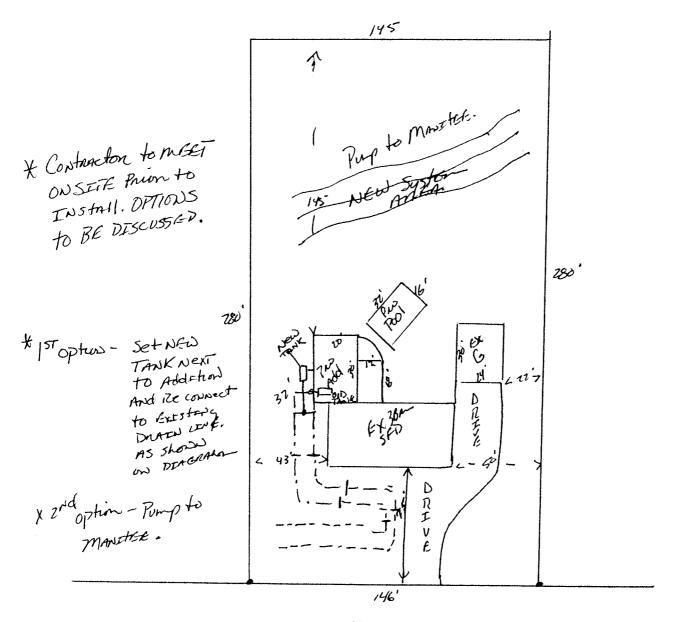
A building permit cannot be issued with only an Improvement Permit							
ISSUED TO: RONALD + KIMBERLY HICKS SUBDIVISION MELS MEADON LOT # 43							
NEW REPAIR EXPANSION M Site Improvements required prior to Construction Authorization Issuance							
Proposed Wastewater System Type: 25% IZEOU CTZON Projected Daily Flow: 480 GPD 360 Examples THIS. Number of bedrooms: 44000 Number of Occupants: 8 max							
Projected Daily Flow: 480 GPD 360 Examples THIS. Number of bedrooms: 4 hours Number of Occupants: 8 max Projected Daily Flow: 480 GPD 360 Examples THIS.							
Basement Ves No							
Pump Required: Yes No May be required based on final location and elevations of facilities							
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years							
Permit conditions: Contracton to Meer or SITE prior to ASTAN No expiration							
Authorized State Agent: Date: 6-10-08 SEE ATTACHED 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 Disposal and to conditions of this permit.							
Construction Authorization							
<u>Construction Authorization</u>							
(Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.							
ISSUED TO: Royald + Kemberly 45CLS PROPERTY LOCATION: 5/2 1412 Christian Leget SUBDIVISION MC/S MOMPON LOT # 43							
Facility Type:							
Basement? Yes No Basement Fixtures? Yes No							
Type of Wastewater System** 25% NEDU CTUND System MANTHUE. (Initial) Wastewater Flow: 480 GPD							
(See note below, if applicable [])							
250/s RABOUTER Systa (Repair)							
Installation Requirements/Conditions Number of trenches 3							
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: inches							
MANTHER Pup to Maximum Trench Depth of: 22' maxinches (Maximum soil cover shall not exceed (Trench hottoms shall be level to +/-1/4" 36" above the tranch bettom)							
Which to value of the trends solding shall be level to 17-174 30 above the trends bottom							
in all directions)							
Pump Requirements:ft. TDH vsGPM							
Conditions: Contractor to MEET ONSETTE Propre to Institute 12 inches above pipe							
inches total							
**We applicable I understand the access to a self-of-in-file of the self-of-in-file of-in-file of-i							
**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							
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 compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH							
Authorized State Agent James & Manhantiens Date: 6-10-08							
(Construction Authorization Expiration Date: (- 10 - 13							

HTE# 08	3 -	5-	701	45	•
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Permit # <u>24811</u>

Harnett County Department of Public Health Site Sketch

7 1/11/	PROPERTY LOCATON: 561412	Christian LIGHT	
ISSUED TO: Royald + Kimberly HICKS	SUBDIVISION MEIS	MEADON	LOT # 43
Authorized State Agent James & Manhon	_	Date: <u>6-10-08</u>	



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