HTE# 08-5- 21203

Harnett County Department of Public Health

25115

Improvement Permit

ISSUED TO: Tom + Manely DOSTLOPH SUBDIVISION WEID WINDS LOT #_______

NEW
REPAIR
EXPANSION
EXPANSION
Site Improvements remit

Site Improvements remit

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Type of A building permit cannot be issued with only an Improvement Permit Type of Structure: ____ Fx SFD Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: 360 GPD Number of bedrooms: Number of Occupants: 4 max 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: ☐ No expiration 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** (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 Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% REDUCTION System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) | Comparison | Conditions | Con Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20 -> 26" inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom) in all directions) Aggregate Depth: ______ inches below pipe inches above pipe Pump Requirements: ______ft. TDH vs. GPM **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: __ 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

Construction Authorization Expiration Date: 1/-19-13

Harnett County Department of Public Health Site Sketch

		PROP	ERTY LOCATON:	Hury 5	3		
ISSUED TO: _	Tom + Marshy D	OSTROPH	SUBDIVISION	WILDU	denz l	5	LOT #
Authorized St	ate Agent:	lanhan	tens	D)ate:	11-19-08	

