HTE#<u>09-5-2/759</u>

Harnett County Department of Public Health

25133

Improvement Permit

	PROPERTY LOCA		McLamb RD		
ISSUED TO: MARSHALL JOHNSON CO.	struction the SUBDIVISION	Clarton DOLO	NS	LOT # 9	
NEW ☐ REPAIR ☐ EXPANS	V □ REPAIR □ EXPANSION ☑ Site Improvements required prior to Construction Authorization Issuance:				
Type of Structure: Ex SFD Exp		one improvements re-	danca buot to construction was	nortzation issuance:	
Proposed Wastewater System Type: Extst	Tale (
Projected Daily Flow: 360 GPD	7				
	cupants:&max				
Basement 🗆 Yes 🗵 No	upants max				
	suized based on final leastion and almost	- C C - T C			
Type of Water Supply: Community Public	quired based on final location and elev	ations of facilities			
Permit conditions:	- Well Distance from Well		Permit valid for:	☐ Five years	
- Conditions				☐ No expiration	
	1 40				
Authorized State Agents.	Short Date:	3-25-09	CEF	ATTACHED CITE CHETCH	
The issuance of this permit by the Health Department in no way gua	rantees the issuance of other permits. The permi	t holder is responsible for the	SEE A	ATTACHED SITE SKETCH	
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condit	changes. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is subject	to compliance with the provisions of	
	Construction Au	<u>thorization</u>			
	(Required for Build	ing Permit)			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Syst	ems shall be installed in accordance	
ISSUED TO: MANShort Tohnson Cons	PROPERTY	LOCATION: 5/Z Z	003 Mclam	SPB	
Facility Type: EX SAD EXPANSION	2089141210	UN Chayton	DOWNS	LOT # ?	
	New 🖵 Expans	sion 🗀 Repair			
_	xtures? 🔲 Yes 🗔 No				
	XISTANG		(Initial) Wastewater Flov	r: 560 GPD	
(See note below, if applicable □)	SXESTELLE	(Repair)			
Installation Requirements/Conditions	Number of trenches Ex	(ncpan)			
Septic Tank Size Gallons gallons	Exact length of each trench	For fore	Translation of S	F	
Pump Tank Size gallons			Trench Spacing: EF		
ganons	Trenches shall be installed on co		Soil Cover:	_ inches	
	Maximum Trench Depth of:		(Maximum soil cover shal	l not exceed	
	(Trench bottoms shall be level t	0 +/-1/4"	36" above the trench b	ottom)	
	in all directions)			•	
Pump Requirements:ft. TDH vs	GPM		F.	inches below nine	
Conditions:			Aggregate Depth:	inches below pipe inches above pipe inches total	
**If applicable: / understand the system type specifie	d is different from the type specific	ed on the application.	I accept the specifications of	f this permit.	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construc-	tion Authorization chall not h	e transferred when there is a character	aumarship of the cit. This	
Construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sawage Treatment and	Disposal and to the condition	os of this parmit	E ATTACHED SITE SKETCH	
profits	and the same of senage freatment and	o o o o o o o o o o o o o o o o o o o	ns or ans permit.	L MITACHED SHE SKEICH	
Authorized State Agent James 2	Markon 18	Date: _	3-2 9 -09 ate: 3-25-09		
()	Construction Authori	zation Expiration Da	nte: 3-25-09		

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SR 2003 Mclanh RD	
ISSUED TO: MARSHALL JOHNSON CONSTRUCTION SUBDIVISION C/Ayton DOWNS	LOT # <u>9</u>
Authorized State Agent: James & Manhan & Date: 3-25-89	

