HTE# 10-5-23725

Harnett County Department of Public Health

25718

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

- /	0.	PROPERT	TY LOCATION: 50 1418	RIVER RA	
ISSUED TO: Sandre			SION CAPTARAS L		LOT # 3
NEW REPAIR	EXPANS	ION 🗆	Site Improvements re	quired prior�� Construction Autho	rization Issuance:
Type of Structure: Ex 5	1 OVERE TO]	BRM-Butter	***		
Proposed Wastewater System Typ		ocpros			
Projected Daily Flow: 240		./	****		
Number of bedrooms: 2	Number of Occ	upants: 4max			
Basement Yes No	de Austria				
Pump Required: ☐Yes ☐ M Type of Water Supply: ☐ Comm	nay be rec	quired based on final location an	nd elevations of facilities	• • • • •	
Permit conditions:	numity 🖭 Fublic	well distance from w	veil 700 teet	Permit valid for:	☐ Five years
Comme conditions.					No expiration
		· · · · · · ·			
Authorized State Agent		pot skors	Date: 2-16-10	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health	Department in no way gua	rantees the issuance of other permits. Th	ne permit holder is responsible for ch	ecking with appropriate governing hodies in	n meeting their requirements. This
site is subject to revocation if the site plate the Laws and Rules for Sewage Treatment	an, plat, or the intended use	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
the cans and notes for strage freatment	and pisposas and to condit	ons of this permit.			
		C 4 · · · · ·	A /I		
		Construction	<u>Authorization</u>		
-		(Required for	· Building Permit)		
The construction and installation requirem with the attached system layout.	ents of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958. and	.1959 are incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
, ,					
ISSUED TO: SANdra Facility Type: Ex STON	GANTEN	PRC	PERTY LOCATION: 5/2/	418 Prove PA	
		e-10-1	DIVISION CANTON	418 lover RD	LOT # _3
Facility Type: Ex STON	AGG 4 ZBKA	New []	Expansion Repair		υπ
Basement? Yes		xtures? Yes No	алранию с перап		
Type of Wastewater System**				(Initial) Wastewater Flow:	24) CDD
(See note below, if applicable		30.00		(initial) Wastewater Flow.	<u>248</u> GPD
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	weter to 25% R	BM DTTonair		
Installation Requirements/Condi	tions		Z		
Septic Tank Size 1000		Exact length of each trend	······································	Trench Spacing: 9	Г С
Pump Tank Size	•	Trenches shall be installed	-		
rump rum size	ganons		f: Zo"n=y inches		inches
				(Maximum soil cover shall	
		(Trench bottoms shall be I	level to +/-1/4	36" above the trench bot	tom)
Dump Paguiramanta	6 TNI	in all directions)		/	
Pump Requirements:	IT. IDH VS	GPM		<u> </u>	inches below pipe
Camathalana				Aggregate Depth:2	inches above pipe
Conditions:					12 inches total
**If applicable: / understand the	system type specifie	d is different from the type s	specified on the application.	I accept the specifications of	this permit.
				,	,
Owner/Legal Representative Sign				Date:	
This Construction Authorization is subject to	revocation if the site plan,	plat, or the intended use changes. The	Construction Authorization shall not b	ne transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to com	ipliance with the provisions	of the Laws and Rules for Sewage Treatr	ment and Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
		4 1 1 1			The second secon
Authorized State Agent:	James 2	Marlout 8	Date.	2-16-10	
•		Construction A	uthorization Evnication D	Z-16-10 ate: 2-16-15	
//	•	Construction A	amonzanon expiration D	ale	

Harnett County Department of Public Health Site Sketch

