HTE# 11-5-27400 Harn	ett County	v Departn	nent of Pub	lic Health	
Improvement Permit					26527
		not be issued wit	h only an Improvement	Permit	
ISSUED TO: Wes Matthews		SUBDIVISION	Erell Ann	old "	LOT #
NEW 🗆 REPAIR 🗖 EXPANSIO			Site Improvements rec	uired prior to Construction Au	thorization Issuance:
Type of Structure: IFX SFD - SUNROD					
Proposed Wastewater System Type: <u>Convention</u> Projected Daily Flow: <u>3400</u> GPD	<u>У</u>				
	oants:	max			·····
Basement Pres 🗔 No	Juilly				
Pump Required: 🗆 Yes 🗆 No 🗆 May 🌬 requi	ired based on final	location and eleva	tions of facilities		
Type of Water Supply: Community Public Permit conditions:				Permit valid for	: Five years
	A	·			
Authorized State Agent: James E Monho	n for	Date:	9-9-11	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarar site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvemen	er permits. The permit	holder is responsible for che	cking with appropriate governing bod	ies in meeting their requirements. This
			thorization		
The computation and installation mentionments of Pulse 1070, 1072, 11		quired for Buildi			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, 1955, 1950, 1957	, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. Sy	stems shall be installed in accordance
ISSUED TO: Wes Matthews	<u></u>		LOCATION: <u>Ski4</u>		
Curch : Fre 10	a			nold	LOT #
- ·	tures? 🗆 Yes	⊠ Expans □ No			
Type of Wastewater System**	unof			(Initial) Wastewater Flo	ow: <u>360 </u> GPD
(See note below, if applicable \square)					
			_(Repair)		
Installation Requirements/Conditions	Number of tren	ches		5	
Septic Tank Size 1000 Frigallons 8				Trench Spacing:	
Pump Tank Size gallons	Trenches shall b			Soil Cover: <u>6</u>	inches
		•	24 inches	(Maximum soil cover sh	
	(Trench bottoms		o +/-1/4"	36" above the trench	bottom)
	in all directions)				
Pump Requirements:ft. TDH vs	_ GPM				inches below pipe
Conditions:	×			Aggregate Depth:	<u> </u>
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			EPTIC SYSTEM OR F	REPAIR AREA.	
**If applicable: / understand the system type specified	' is different from	the type specifie	rd 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, p Construction Authorization is subject to compliance with the provisions of					in ownership of the site. This EE ATTACHED SITE SKETCH
51	Λ	, 10	de de		
Authorized State Age <u>nt: Authorized State</u>	(one	ruction Authori	Vale:	9-9-11 ate: <u>9-9-16</u>	
i /	COUSE	aacavn Autiivn	Lacion Expiration D	aic	

Permit # _____26527 HTE# 11-5- 27400 *II-5-274* Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: SC 1403 ISSUED TO: Was Matthews SUBDIVISION Inell An LOT # ____ = EMANHAN formers 9-11 9 Authorized State Agent: Date: 1 Sittle 25 The herd ADD E+ Risens 200 SUND peck EXSAD DRHV DR L Ŀ v ß

SR 1403 KIPHNGRD