HTE# 14-5-32774 Harnett County Department of Public Health

27721

Improvement Permit

, i	A building permit cannot be issued with only an Improvement		
ISSUED TO: JOSE PORE	PROPERTY LOCATION: STD 1515 C SUBDIVISION CASQUEL TO		
NEW □ REPAIR □ EXPANSI		quired prior to Construction Authorization Issuance:	
Type of Structure: 154 5 5	on Ed Site improvements re-	quired prior to construction numberization issuance.	
Proposed Wastewater System Type: 25% 7270	die		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occu	ıpants:max		
Basement Yes No			
Pump Required: □Yes □ No ☑ May be requ	uired 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:	1 - M	□ No expiration	
Comorare.	2 to meet on SITE (no to wsiell	
Authorized State Agent:	Anharat Date: 1-3/-	/ SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guara	antees the issuance of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition		ership of the site. This period is subject to compliance with the provisions of	
	•		
	Construction Authorization		
The construction and installation requirements of Rules 1950 1957	(Required for Building Permit) 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.	1751, 1755, 1755, 1755, 1756, and 1755 are incorporated by fellowines	The time perime and shall be thee systems shall be installed in accordance	
ISSUED TO: 4 eff Pope	PROPERTY LOCATION: 54 /5	519 TOHOSON From 1613	
155512 10.	SURDENSION Conductor	519 JOHNSON Fram 12) (to) tos = 101 # 2	
Facility Type: Ex SF)	New Expansion Repair	LOT II	
Basement? Yes No Basement Fix			
Type of Wastewater System** 25% 702		(Initial) Wastewater Flow:3&0 GPD	
(See note below, if applicable \square)	100Cp20 =	(Illitial) Wastewater Flow.	
	2592 REDUCTOS (Repair)		
Installation Requirements/Conditions	Number of trenches 2	_	
	Exact length of each trench feet	Trench Spacing: Feet on Center	
	Trenches shall be installed on contour at a	Soil Cover: inches	
Pump Tank Size gallons			
New	•	(Maximum soil cover shall not exceed	
No	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
D. D. C. TDU	in all directions)		
Pump Requirements:ft. TDH vs	GPM	inches below pipe	
mont -	O 1	Aggregate Depth: 2 inches above pipe	
Conditions: Meet ows:	ETE PRIOR to WSINH	inches total	
WATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I	DRAIN FIELD AREA.		
**If applicable: I understand the system type specifie	d is different from the type specified on the application	A Laccent the specifications of this permit	
	a is unicient from the type specifica on the appreciation	. r accept the specimeations of this perime.	
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	
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			
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Authorized State Agent: 1-31-14			
nationized state rigent	Construction Authorization Expiration I		
(/	CONSTRUCTION AUTHORIZATION EXPIRATION L	vaic	

HTE# 14-5-32774

Permit # 2772/

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jeff Page	PROPERTY LOCATON: 87.15/9 Johnson Fame	~ RS
Authorized State Agent:	That Date: 1-31-	-14
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	ADD OHESE	
DAGUE	-WAY THESE TWO LEVES	
BUTHES IN	Pond Et D	
14		
- **Contractor to Meer Prior to INST	TOWSETE ALL.	WO WEST