HTE# 10-5- 2558 RR. Harnett County Department of Public Health

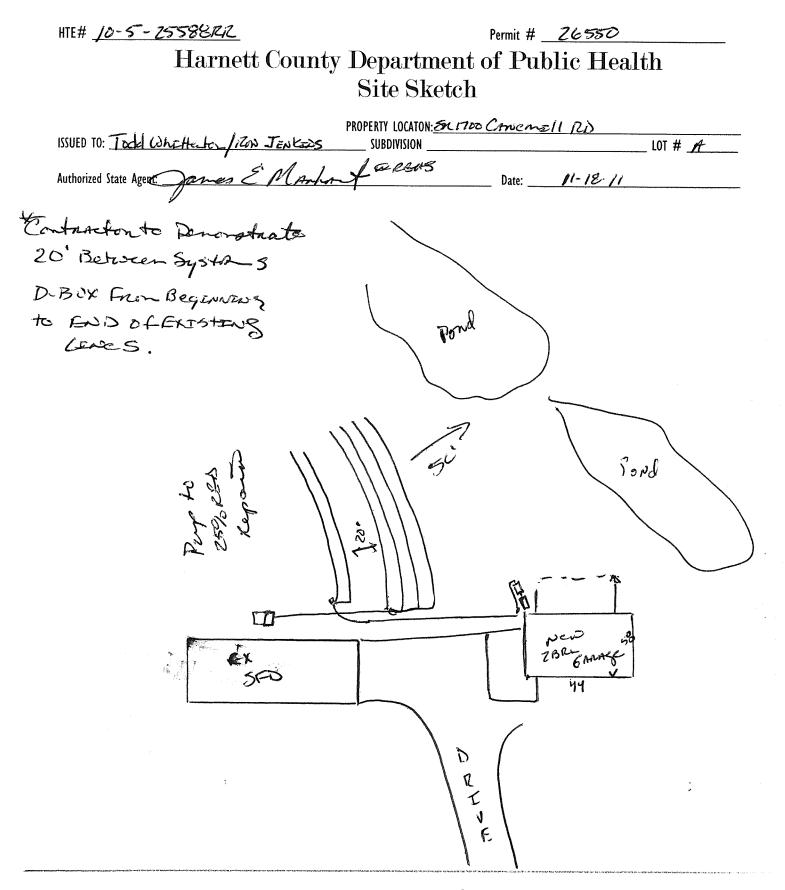
Improvement Permit

А		t be issued with only an In			
ISSUED TO: Toda White tow / Rowald	Tentax	PROPERTY LOCATION: 5th	1 100 0	HNE/Mal M	lot # 14
NEW 12 REPAIR C EXPANSIO			vements rea	uired prior to Construction Autho	
Type of Structure: CARAGE 1 STRAGE	1 7 RAM	•	tennentis ree	uned prior to construction Autili	alladon issuance.
Proposed Wastewater System Type: for 2 Projected Daily Flow: GPD	570 RGAUE	R			
Projected Daily Flow: 240 GPD					
Number of bedrooms: Number of Occup		nax			
Basement 🗆 Yes 🖉 No					
Pump Required: 🛛 Yes 🗌 No 📄 May be requi	red based on final loc	ation and elevations of faci	lities		
Type of Water Supply: 🗆 Community 🗹 Public	🗆 Well Distance	e from well	_ feet	Permit valid for:	🗹 Five years
Permit conditions:					No expiration
- st nA	1	ITT NEHS			
Authorized State Agent .: James C	sport	Date://-/	8-11	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran 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 Improvement Po	permits. The permit holder is respo ermit shall not be affected by a cl	onsible for che hange in owne	cking with appropriate governing bodies i rship of the site. This permit is subject to	n meeting their requirements. This o compliance with the provisions of
	<u>Constru</u>	ction Authorizat	<u>tion</u>		
	(Regu	ired for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .15 with the attached system layout.	954, .1955, .1956, .1957, .1	958. and .1959 are incorporated	by references	into this permit and shall be met. System	is shall be installed in accordance
ISSUED TO: <u>Todd Whitewtow</u> / <u>Rown</u> Facility Type: <u>Canage /STONAGA / R.Be</u> Basement? [] Yes [] No Basement Fixt	stel JEakers	S PROPERTY LOCATION:	SL-	1700 CANERUI	(21)
· / /		SUBDIVISION			LOT # A
Facility Type: GAMAGE ISTONAGE / R.B.	h 🗹 New	Expansion] Repair		
Basement? I Yes I No Basement Fixt	ures? 🗆 Yes	INO '	ŀ		
Type of Wastewater System** _25%;000	new Syster	Mansfee		(Initial) Wastewater Flow:	240 GPD
(See note below, if applicable)	1			()	
	ard Such	- manta Repair)			
Installation Requirements/Conditions	Number of trenche	es <u>'Z</u>			
Septic Tank Size 1000 gallons		ch trench 100	feet	Trench Spacing: 9	Feet on Center
Pump Tank Size 1000 gallons	0	installed on contour at a		Trench Spacing: <u>9</u> Soil Cover: <u>6</u>	inches
· · · · · · · · · · · · · · · · · · ·		Depth of: <u>24"</u>		(Maximum soil cover shall	
		nall be level to $+/-1/4$ "		36" above the trench bot	
	in all directions)			so above the action bot	lionij
Pump Requirements:ft. TDH vs	,			lo	inches below pipe
· · · · · · · · · · · · · · · · · · ·				Aggregate Depth:Z	inches above pipe
Conditions:					<u>/2</u> 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 DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specification	ions of this permit.				
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				
Authorized State Agent: One E Monhand Date: 11-18-11 Construction Authorization Expiration Date: 11-18-					

26550



SA 1700 Come mile RD