HTE#17-5-42819 42411R

Harnett County Department of Public Health

29822

Improvement Permit

A building permit cannot be issued with only an Improvement Permit					
PROPERTY LOCATION: KAVEN KOCKED					
NEW DEDAUGUN SUBDIVISION WON 2 LOT # 8 A					
NEW REPAIR DESCRIPTION DESCRIPTION Site Improvements required prior to Construction Authorization Issuance: NEW REPAIR					
Proposed Wastewater System Type: GONVENTIONAL					
Projected Daily Flow: 360 GPD					
Number of hadrooms: 3					
Basement \square Yes \bowtie No					
Pump Required: 🗆 Yes 🗀 No 🗆 May be required based on final location and elevations of facilities					
The Children of the Control of the C					
Parmit conditions:					
No expiration					
Authorized State Agent:: Date: 1217 SEE ATTACHED SITE SKETCH					
he issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit bolder is research for the Health Department in no way guarantees the issuance of this permit bolder is research for the Health Department in no way guarantees the issuance of other permits.					
he Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit:					
Construction Authorization					
(Required for Building Permit)					
he construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incomprated by references into this permit and shall be more Sustainable by the same shall be more shall be mo					
ith the attached system layout.					
SSUED TO: BIZL MOON PROPERTY LOCATION. REVIEW ROCK RO					
acility Type: MOD NO DET. GAGRE New Expansion Repair					
asement? Yes No Basement Fixtures? Yes No					
ype of Wastewater System** CONVENTION SI (Initial) Wastewater Flow: 360 GPD					
bee note below, if applicable \square)					
CONVENTIONAL (Repair)					
nstallation Requirements/Conditions Number of trenches 1					
eptic Tank Size 1000 gallons Exact length of each trench 300 feet Trench Spacing: 9 Feet on Center					
ump Tank Size gallons					
direction of the state of the s					
(Irench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions)					
Imp Requirements: 6 TDU CDM					
anditions: Revision Room Porones ? Page Aggregate Depth: Aggregate Depth: inches above pipe					
inches total					
ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.					
O 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 specifications of this permit.					
vner/Legal Representative Signature:					
s 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					
onstruction 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.					
thorized Tate Agent: Date: 1/2)8					
Construction Authorization Expiration Date: 1/23					
Construction Authorization Expiration Date: 17129					

HTE# 17-5-42819;42411	-5-42817,4241112
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Permit # <u>29822</u>

Harnett County Department of Public Health Site Sketch

	0	PROPERTY LOCATON: RAYEN ROCK RO	
ISSUED TO: _	Bre Moon	SUBDIVISION _ WON 2	<i>AS</i> # 101
Authorized Sta	te Agent:	(OLIVER TOLKSDOTS) Date: 1/2/18	
	1/29/18		
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