HTE# 08-5-19534

Harnett County Department of Public tealth 24546

Improvement Permit A building permit cannot be issued with only an Improvement Permit

. 1	PROPERTY LOCATION: TITAN KOBERTS AD
ISSUED TO: WALTER SWAMM	LOT #
NEW REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: MAN. HOME (24756')	_
Proposed Wastewater System Type: Commensional	_
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of occupants	_max
Basement □Yes № No	
Pump Required: □Yes No □ May be required based on final	
Type of Water Supply: Community Public Well Dista	
Permit conditions:	□ No expiration
Authorized State Agent" 25	Date: 3/12/08 SEE ATTACHED SITE SKETCH
Hotherized State Agent.	ance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
	inded use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This
permit is subject to compliance with the provisions of the Laws and Rules for Sewage	
Const	ruction Authorization
	equired for Building Permit)
	1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be
ISSUED TO: WALTER 5 WANN	PROPERTY LOCATION: TITAN ROBERTS RO
DOUGH TO: WALLES S WANTA	
Facility Type: MAN HOME (24'x56') & New	SUBDIVISION LOT # Expansion Repair
	≥ No
Type of Wastewater System**	_(Initial) Wastewater Flow: 34 0 GPD
(See note below, if applicable □)	
OLTORA SHALLON CONV	ENTIONAL (Repair)
Installation Requirements/Conditions	
	470ENCHES
Septic Tank Size 1000 gallons Exact length of	each trench feet
Pump Tank Size gallons Trenches shall	be installed on contour at a Soil Cover: 6-8 inches
Maximum Treno	th Depth of: 18-20 inches (Maximum soil cover shall not exceed
	s shall be level to +/-1/4" 36" above the trench bottom)
in all direction	
Pump Requirements:ft. TDH vs GPM	
Tump negarienes.	Aggregate Depth: inches below pipe inches above pipe
Conditions:	inches total
Conditions.	mino total
AND ELL LAND CONTRACTOR SERVICE	"We at the state of the second of the second of the second
**If applicable: I understand the system type specified is di	ifferent from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership
of the site. This Construction Authorization is strated to compliance with the provision	ns of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
in the first that it is a second to the seco	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 3/12/08 struction Authorization Expiration Date: 3/12/13
Con	struction Authorization Expiration Date: 3 12 13

HTF# C	8-5-19534	
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Permit # 24546

Harnett County Department of Public Health Site Sketch

Authorized State Agent:	1251	5000 Date: 3/12/0	LOT #
Authorized State Agent.	3 HO SELVAL TOLK	Date. 2 1210	
			(114)
			ALRES
		- 1111	
2 22 2 2 2 2	(0.70, 50.70)		
	CONVENTIONAL		
	REPAIR AREA		
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