HTE# 08-5-20135

Harnest County Department of Public health

24743

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building permit	PROPERTY LOCATION:	WIRE R	>	
ISSUED TO: HIGINIO SANTANA		JERY A		LOT # 1
NEW ☑ REPAIR ☐ EXPANSION ☐			required prior to Construction Author	
Type of Structure: MAN. HOME (14'x80')				
Proposed Wastewater System Type: CONVENTONAL				
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occupants:	max			
Basement Yes 🔀 No	_			
Pump Required: ☐Yes ☐ No May be required based on fin				\
Type of Water Supply: Community Public Well Di	stance from well 100	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Authorized State Agent::	Date: C	12/08	CEE AT	TACHED SITE SKETCH
			thecking with appropriate governing hodies	in meeting their requirements. This
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended 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 Treatment and Disposal and to conditions of this permit				
Construction Authorization				
	(Required for Building P	ermit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1	, ,		es into this permit and shall be met. System	ns shall be installed in accordance
with the attached system layout.				
ISSUED TO: HIGHNIO SAMME PROPERTY LOCATION: WICE RD				
SUBDIVISION AUTRY ACRES LOT # 4				
		∟ кераі	ſ	
A DESCRIPTION OF THE PROPERTY	⊠ No		/1 *** IV 14f	3/0 000
Type of Wastewater System** LONVENTIONAL			(Initial) Wastewater Flow:	GPD
(See note below, if applicable	78			
CONTENTIONAL	(Rep	oair)		
Installation Requirements/Conditions Number of tr	Annual Control of the	10 g	9	
,	0		1 0	_ Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches			inches	
Maximum Tre	ench Depth of:	inches	(Maximum soil cover shall	not exceed
(Trench botto	oms shall be level to +/	'-1/4"	36" above the trench bo	ttom)
in all direction	ins)			
Pump Requirements:ft. TDH vs GPM			6	inches below pipe
			Aggregate Depth:2	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified is different from the type specified 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, 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.				
This is the second			1.3	
Authorized State Agent: Date: C 2 08				
Construction Authorization Expiration Date: () 313				

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: WIRE RD

SUBDIVISION RUTCH FICRES

LOT # 5

