HTE#06-5-15432RR

## Hamett County Department of Public Health

25460

Improvement Permit

A building perio	PROPERTY LOCATION: JOE COLLINS RD	
ISSUED TO: PUTONIO BAKER		4
		7
NEW X, REPAIR C EXPANSION C	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: MODULAR (30×60)		
Proposed Wastewater System Type: Pump To 25% REDI	DCZION	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupants: 6	max	
Basement Yes No		
Pump Required: XYes ☐ No ☐ May be required based on	n final location and elevations of facilities	
Type of Water Supply:   Community Public Well		
Permit conditions: CHIEL PLOW TO A DEMH OF		on
***		
1200		
Authorized State Agent::	Date: 5 5 001 SEE ATTACHED SITE SKETCH	
Matter State Mental	ce of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirem	
	provement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the pro	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	L.	
Co	onstruction Authorization	
<u>u</u>		
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .195 with the attached system layout.	56, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in ac	cordance
ISSUED TO: ANTONIO BAKER	PROPERTY LOCATION: JOE COLLINS RD	
133020 10.	SUBDIVISION TEO BROWN LOT # 3	\
Facility Type: MODULAR (30×60)		
	New   Expansion   Repair	
Basement?  Yes No Basement Fixtures?		
Type of Wastewater System** Pump To 259	10 REDUCTION (Initial) Wastewater Flow: 360	GPD
(See note below, if applicable □)		
Pump To 25%	1/2 REDUCTION (Repair)	
	of trenches 4	
	0	
	shall be installed on contour at a Soil Cover: 18 22 inches	
Maximum	Trench Depth of: 36-34 inches (Maximum soil cover shall not exceed	
(Trench b	bottoms shall be level to +/-1/4" 36" above the trench bottom)	
in all dire		
Pump Requirements:ft. TDH vs GPM	inches bel	ow nine
rulip kequirellelisit. 10ft vs drii		
50'E D.	Aggregate Depth: inches ab	100
Conditions: KEEP TANKS 50 From Po	IND incl	hes total
**If applicable: / understand the system type specified is different	nt from the type specified on the application. I accept the specifications of this permit.	
	7,	
Owner/Logal Personnative Signature	Date:	
Owner/Legal Representative Signature:	ended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. The	
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.	KEICH
	1 1	
Authorized State Agent:	Date: 5 5 09	
0	Construction Authorization Expiration Date: 5514	
	Construction Authorization Expiration Date.	1

## Harnett County Department of Public Health Site Sketch

