HTE#06-5-15800R

Har t County Department of Public ...alth 23852

Improvement Permit

	A b	ouilding permit cannot be issued w			
ISSUED TO: EJ WOMA	CY	SUBDIVISION	CATION: HILLMON	CISONE KD	LOT # E4
NEW M REPAIR	FYPANSION	ION Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure: OFF FRAME	2000LAR	(32×80)			
Proposed Wastewater System Type: _ Projected Daily Flow:	GPD GPD	101 2121CW			
Number of bedrooms:		nts: 8 max			
Basement 🗆 Yes 💢 No	,				
Pump Required: ☐Yes ☐ No		ed based on final location and ele			
Type of Water Supply: Communi	ty Rublic	☐ Well Distance from well _	100 feet	Permit valid for:	Five years
Permit conditions:					☐ No expiration
	1				
		M	1 1		
Authorized State Agent::	1/11/1	025 Date:			TACHED SITE SKETCH
The issuance of this permit by the Health their requirements. This site is subject to					
permit is subject to compliance with the					whership of the site. This
		Construction A	uthorization		
		(Required for Bui	52.5		
The construction and installation requirem	nents of Rules .1950, .19		,	ed by references into this permit and	shall be met. Systems shall be
installed in accordance with the attached	system layout.				
ISSUED TO: EZ WOME	xx	PROPER		an svore up.	
	125.40	SUBDIVI:	SION		LOT # <u>E4</u>
Facility Type: OFF FRAME M			nsion Repair		
Basement? Yes No			W	DSV CDD	
Type of Wastewater System** (See note below, if applicable		(Initial)	wastewater riow: _	480 GPD	
(see note below, if applicable ()	25% REDI	UCTION SYSTEM	(Repair)		
Installation Requirements/Condition	TICHES		(nepair)		
	=	4 TREN	CHES		
Septic Tank Size 1000	gallons	Exact length of each trench _	60 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size	•	Trenches shall be installed on			inches
•	•	Maximum Trench Depth of:	24 inches	(Maximum soil cover shall	not exceed
		(Trench bottoms shall be level		36" above the trench bo	The state of the s
		in all directions)			
Pump Requirements:	ft. TDH vs	_ GPM			inches below pipe
				Aggregate Depth:	
Conditions:					inches total
**If applicable: I unders	tand the system typ	pe specified is different from th	e type specified on the	application. I accept the speci	ifications of this permit.
0 / 10				D	
Owner/Legal Representative Signat This Construction Authorization is subject					
of the site. This Construction Authorization					
					TTACHED SITE SKETCH
Authorized State Agent:	11 1/2	12/00	Date:	3/7/07	100
0		Construction Auth		Date: 3/7/12	

Harnett County Department of Public Health Site Sketch

