HTE# 06-5-1592012

Harnest County Department of Public nealth 23340 Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: Hay 4Z	
ISSUED TO: RONNIK MURRAY	SUBDIVISION)T #
NEW ☑ REPAIR □ / EXPANSION □	Site Improvements required prior to Construction Authorization Issual	nce:
Type of Structure: MACON MH		
Proposed Wastewater System Type: 25% REDUCTION System	-	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupants: 6	_max	
Basement □Yes ☑ No		
Pump Required: ☐Yes ☐ No ☐ May be required based on final lo	location and elevations of facilities	-
Type of Water Supply: Community Public Well Distan	nce from well feet Permit valid for: 🖂 Five	years
Permit conditions:	No	expiration
- d . 1.043		
Authorized State Agent Junes Manhant was	Date: 11-16-06 SEE ATTACHED SITE	SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance	ance of other permits. The permit holder is responsible for checking with appropriate governing b	odies in meeting
그림을 보는 그는 그를 가장 아니는 이렇게 되었다. 이 사람들은 그는 그는 그들은 그는 그는 그는 그는 그는 그는 그는 그를 가장 하는 것이 없는 것이 없다. 그는 그를 가장 하는 것이 없는 것이 없다.	ended use changes. The Improvement Permit shall not be affected by a change in ownership of the	e site. This
permit is subject to compliance with the provisions of the Laws and Rules for Sewage		
PERMIT WRITTEN UNDER ABVISEMENT	OF ORVENIONSDORF HESS	
Constr	ruction Authorization	
(Rec	equired for Building Permit)	
	1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met.	Systems shall be
installed in accordance with the attached system layout.		
ISSUED TO: RONNIE MURANY	PROPERTY LOCATION: Hwy 4Z	
	PROPERTY LOCATION: Havy & Z SUBDIVISIONLOT	#
Facility Type: MH New	☐ Expansion ☐ Repair	
Basement? Yes No Basement Fixtures? Yes	□ No	
	(Initial) Wastewater Flow: _366 GPD	
(See note below, if applicable □)	_(initial) wasterater from or o	
25% REDUCTION System	(Repair)	
Installation Requirements/Conditions	(nepair)	
installation requirements/conditions	I	
	210 (111) 9	
	each trench <u>360</u> feet Trench Spacing: <u>9</u> Feet on C	.enter
	be installed on contour at a Soil Cover: inches	
	th Depth of: inches (Maximum soil cover shall not exceed	
(Trench bottoms	s shall be level to +/-1/4" 36" above the trench bottom)	
in all directions)		
Pump Requirements:ft. TDH vs GPM		nes below pipe
	Aggregate Depth: inch	hes above pipe
Conditions:		inches total
conditions.		_ menes total
**If applicable: / understand the system type specified is diff	fferent from the type specified on the application. I accept the specifications of	this permit.
	,, ,	,
Owner/Legal Representative Signature:		
	ntended use changes. The Construction Authorization shall not be transferred when there is a cha	
of the site. This Construction Authorization is subject to compliance with the provisions	ns of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit	
5-11 1 10	SEE ATTACHED SIT	F SKETCH
Authorized State Agent ames & Manhasto	Date:	
Const	struction Authorization Expiration Date:	

Harnett County Department of Public Health Site Sketch

ISSUED TO:	RONNIK	Murray	PROPERTY LOCATON: /tu	14 42		_ LOT #
Authorized Stat	te Agent:	mes EM	whantso es.	Date:	11-16-66	

