HTE# 08-5-20994

Harnett County Department of Public Health

25032

Improvement Permit

i	A building permit cannot be issued with			
reurn en Constitution		ION: LASA		
ISSUED TO: COLINHATSON	SUBDIVISION			LOT # <u>4</u>
NEW X REPAIR D EXPANSI Type of Structure: Moo (ちらべる)	DN ∐	Site Improvements	required prior to Construction	Authorization Issuance:
Proposed Wastewater System Type: \$\infty\$ 25%	(0)500			
Projected Daily Flow: GPD GPD	-EDOCK 1014 3/22FW			
Number of bedrooms: Number of Occu	4	-		
Basement Yes No	pants:max			
	uired based on final location and elevat	tions of facilities		
Type of Water Supply: Community Public	Well Distance from well \	foot	Permit valid	for: Five years
Permit conditions:		7000	Termit vang	□ No expiration
				= 110 expiration
Authorized State Agent::	Date:	10/0/08	S	EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guars site is subject to reportation if the site plan plat or the intended way	ntees the issuance of other permits. The permit	holder is responsible for	r checking with appropriate governing b	odies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit.	nected by a change in	ownership of the site. This permit is su	bject to compliance with the provisions of
	Construction Aut	horization		
The construction and installation requirements of Rules .1950, .1952, .	Required for Buildir	ig rermit)	near into this name and shall be asset	Contrary (1.84. 1. 6.11.
with the attached system layout.	754, 11755, 11756, 11751, 11756. and 11757 are	incorporated by referen	nces into this permit and shall be met.	systems snaw be installed in accordance
150150 70 (0135) 31055001		1		
ISSUED TO: LOLIN WATSON	PROPERTY	LOCATION:	er let	
Facility Type: MOD (55 ×76)	SUBDIVISIO			LOT # <u>\</u>
	, ,	on 🗌 Repa	air	·
Basement? Yes No Basement Fix	tures? Tyes No			1
Type of Wastewater System**	FOUCTION SYSTE	·W	(Initial) Wastewater	Flow: 470 GPD
(See note below, if applicable \square)	.			
	DUCTION SYSTEM	_(Repair)		
Installation Requirements/Conditions	Number of trenches 2			
Septic Tank Size 1000 gallons	Exact length of each trench	150 feet	1 0	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cor	ntour at a	Soil Cover:	inches
	Maximum Trench Depth of:	S inche	es (Maximum soil cover	shall not exceed
	(Trench bottoms shall be level to	+/-1/4"	36" above the trend	h bottom)
	in all directions)			,
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions: 1 PLUMBING 15 NO. 5	TUBBED OUT HIGH	EMOUGH	A Pune	inches total
WILL BE REQUIRED.				
**If applicable: / understand the system type specified	is different from the type specified	on the applicati	ion I accept the specification	e of this permit
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The same of the specimen	on the appreati	om i accept the specimeation	s or 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 Constructiv	on Authorization shall n		ge 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 con	ditions of this permit.	SEE ATTACHED SITE SKETCH
			William on the stay of the sta	
Authorized State Agent:	2.9/1	Date	10/6/08	
18016				
	Construction Authorize	ation Expiration	vate: w/6/13	

HTE#	08-1	5-20994	
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Harnett County Department of Public Health Site Sketch

