HTE# 09-5-22929

Harnett County Department of Public Health 25634

Improvement Permit

	ermit cannot be issued with			
ISSUED TO: Jerry R. Little	PROPERTY LOCA SUBDIVISION	ITION: Thomas	1°C makes	10T # 7 &
NEW ☐ REPAIR ☐ . EXPANSION ☐	JODDITISION	Cita Improvemente re	quired prior to Construction Auth	LOT # 2 <u> 8</u>
Type of Structure: 5FO 52x42'		site improvements re	danca buot to construction with	onzation issuance:
Proposed Wastewater System Type: Conventional		****		
Projected Daily Flow: GPD GPD				
Number of bedrooms: 3 Number of Occupants:	max			
Basement 🗆 Yes 🖃 No				
Pump Required: ☐Yes ☐ No ☐ May be required based	on final location and eleva	ations of facilities		
Type of Water Supply: Community Public Well	Distance from well	100 feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Authorized State Agent: Super Mousin R	CHS Dans	10/14/2009		
The issuance of this permit by the Health Department in no way guarantees the issua		holder is remonsible for the	SEE A	TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Ir	oprovement Permit shall not be	affected by a change in own	ership with appropriate governing bodies ership of the site. This permit is subject t	in meeting their requirements. This of compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this perm	iit.	, 8	prime is subject to	e compliance with the provisions of
			-	
<u>(</u>	Construction Au	thorization		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1	956, .1957, .1958. and .1959 ar	re incorporated by references	into this permit and shall be met. System	ns shall be installed in accordance
with the attached system layout.				
ISSUED TO: Jerry R. C:HL	DDADEBTV	LOCATION The	W. 11 8d	
	רווסו באוו	LOCATION: 7 AV	MCC	107 11 7 8
Facility Type:	New Expans	N O Nawa A	recrained	LOI # <u>K.D</u>
Basement? Yes No Basement Fixtures?	- Tr	ion 🗌 Repair		
Type of Wastewater System**			// 1.1 D. MA	200
(See note below, if applicable \square)			(Initial) Wastewater Flow:	GPD GPD
25 To Reduction	Cal	/n ' \		
Installation Requirements/Conditions Number	of transless	_(nepair)	1 (0	
	of trenches	<u> </u>	total	
•	ogth of each trench	teet		_ Feet on Center
	shall be installed on co			inches
			(Maximum soil cover shall	
•	oottoms shall be level to	o +/-1/4"	36" above the trench bo	ttom)
in all dir	ections)		,	
Pump Requirements:ft. TDH vs GPM				inches below pipe
1 1 1 1 1 1 1 mil		1 ,	Aggregate Depth:2	inches above pipe
Conditions antrada to Meet on sit.	e to system	· layout.		12 inches total
Do Otilitier allowed in synt		air area		-
Water line must be at least	- 10th tro.		of septicity	ten
**If applicable: I understand the system type specified is differen	t from the type specifie	d 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 inte	nded use changes. The Construct	ion Authorization shall not b	e transferred when there is a change in o	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 condition	ns of this permit. SEE	ATTACHED SITE SKETCH
()	e-10		/ /	
Authorized State Agents Luga Min	KEH)	Date: _	10/14/2009	
	Construction Authoriz	_	nta: 10/14/2014	

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Jerry R. L: H/c	PROPERTY LOCATON: 7	homos Kelly Rd.	LOT # <u>ዴ</u>
Authorized State Agent: Suya Mai	REAS	Date: 10/14/2	<i>f</i>
<u>-</u>	230'		
Ingress / Egr		50'	
System + Repair	House	Ared 80'	450