HTE# 09-5-23047

Harnett County Department of Public Health

25644

Improvement Permit

A building permit cannot be issued with only an Improvement

	DECRETY LOCA	ATION: Crystal	11 -1.1 - 1	F Leaflet Ch. Rd	
ISSUED TO: Johnathen Hodger	SUBDIVISION _			10T #	
NEW □ REPAIR □ EXPANSION □ Type of Structure:		Site Improvements required prior to Construction Authorization Issuance:			
Proposed Wastewater System Type: 25 90 Reduction Sys	-tea				
Projected Daily Flow: 360 GPD					
Number of bedrooms: 3 Number of Occupants: 6	max				
Basement Yes Ro		water the second			
Pump Required: ☐Yes ☐ No ☐ May be required based on fi	nal location and elev-	ations of facilities			
Type of Water Supply: Community Public Well Descriptions:	Distance from well	feet	Permit valid	for: Five years	
Permit conditions:				No expiration	
Authorized State Agent: Duy Myon KEHS	Date:	10/23/2009		SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of	f other permits. The permi	holder is responsible for ch	erking with appropriate governing	hadiar in masting their requirement. This	
site is subject to revocation if the site plan, plat, or the intended use changes. The Improve the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ement Permit shall not be	affected by a change in own	ership of the site. This permit is s	subject to compliance with the provisions of	
Con	struction Au	thorization			
	(Required for Build				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .	1957, .1958. and .1959 at	e incorporated by references	into this permit and shall be met	t. Systems shall be installed in accordance	
with the attached system layout.					
Escility Type: MH	PROPERTY	LOCATION: C M	rtal HolderL	A :	
,	SUBDIVISIO	ON		10T #	
Facility Type: MH	ew 🗌 Expans	ion 🗌 Repair		LVI II	
Basement? Yes No Basement Fixtures? Yes		•			
Type of Wastewater System** 25% Reduction	System		(Initial) Wastewater	Flow: 360 GPD	
(See note below, if applicable [])	, ,		,		
(See note below, if applicable) 25% Red ortion Installation Requirements/Conditions Number of the	System	_(Repair)			
Installation Requirements/Conditions Number of the	renches		_		
Septic Tank Size OGO gallons Exact length	of each trench	feet	Trench Spacing: 9		
		ntour at a	Soil Cover: \mathcal{S} -	12 inches	
	ench Depth of:		,		
	oms shall be level to) +/- /4"	36" above the trend	ch bottom)	
in all direction Pump Requirements:ft. TDH vs GPM	ins)				
			4 D	inches below pipe	
Conditions: Rundrainliner on contage (.	where thed	[[]	Aggregate Depth:	inches above pipe	
No Utilities Allowed in the sixt	en tork	Pags WED	£	inches total	
Conditions: Rundrainliner on contour (a) No utilities Allowed in the syst water line must be 10ff From a **If applicable: I understand the system type specified in different for	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	£ 2010	a col		
**If applicable: I understand the system type specified is different fro	om the type charifie	d on the confication	1 ystem		
The specific is amore in	m the type specine	и он те аррисатон.	i accept the specification	ns 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 Construct	ion Authorization shall not b	transferred when there is a char	nge 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 condition	ns of this permit.	SEE ATTACHED SITE SKETCH	
		and the state of t	1 1		
Authorized State Agent: Suy Mysic Co	HS	Date: _	10/22/2019		
· Col	nstruction Authoriz	ation Expiration Da	ite: 10/23/2010	4	

Harnett County Department of Public Health Site Sketch

- () e	PROPERTY LOCATION: Crystal Holder Ld.						
ISSUED TO: Johnathon	11 1	UBDIVISION		LOT #			
Authorized State Agent:	Main, REH	[Date: 10/23/2009				

