HTE#, Har	nett county	/ Departn	ent of Pub	lic Health		
	lm	provement	Permit		268	22
			n only an Improvemen	t Permit		
Ella Miss.	- '	DRUDERTY LUCA	TION SY MAKE 17	EDHILL C	HURCH RAS	1
ISSUED TO: EILA McLEAN		SUBDIVISION				ot # <u>7</u>
NEW ☑ REPAIR □ EXPANS Type of Structure:	SION 🗆		Site Improvements re	quired prior to Construct	ion Authorization Issua	nce:
Proposed Wastewater System Type: Manchest	25900G	_	-			w
Projected Daily Flow: 480 GPD						
	cupants: <u>8</u>	max				
Basement Yes No						1
Pump Required: \square Yes \square No \square May be red Type of Water Supply: \square Community \square Public	quired based on final Well Dista			n :		
Permit conditions:		nce from well	reet	Permit va		years expiration
					L NO	expiration
3.01	/ / / / / / / / / / / / / / / / / / / /					
Authorized State Agept: The issuance of this permit by the Health Department in no way gua 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 condit	e changes. The Improvemen	er permits. The permit	holder is responsible for ch ffected by a change in own	ecking with appropriate govern	SEE ATTACHED SITE ing bodies in meeting their is subject to compliance with	requirements This
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	<u>(Re</u>	ruction Au1 equired for Building 17, .1958. and .1959 are	ng Permit)	into this permit and shall be	met. Systems shall be installe	ed in accordance
SSUED TO: EllA Mclean		DDADEDTV	LOCATION: 5727	3 760 1L	1.00.30	
330LV 10		SUBDIVISIO	N (Si)	3 1751) Has	I C FF 121)	# 7
Facility Type: <u>Modulun</u>	New				LOI	# _/
Basement? 🗌 Yes 🔃 No 🛮 Basement Fi	ixtures? 🔲 Yes	□ No '	•			
Type of Wastewater System** Muschee y	10 25% 10	GDUGRON	Systa	(Initial) Wastewat	er Flow: <u>48</u> 0	GPD
See note below if applicable (1)		•		,		
Montee	to 15%R	Ducher	(Repair)			
nstallation Requirements/Conditions	Number of trend	ches 4	<u> </u>		~	
eptic Tank Size <u>/&OO</u> gallons	Exact length of	each trench	90 feet	Trench Spacing:		enter
Pump Tank Size 1000 gallons			ntour at a			
				(Maximum soil cov		
			+/-1/4"	36" above the tr	ench bottom)	
ump Requirements:ft. TDH vs	in all directions) GPM	1				
amp requirementsit. IDA 45	0111			Aggragate Danth:	inche inche	s below pipe
onditions:				Aggregate Deptil		

The applicable: I understand the system type specified is different from the type specified	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 intended use changes. The Construction	on Authorization shall not be transferred when there is a change in assemble of the in This

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change 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 conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: Date: 2-7-12

Construction Authorization Expiration Date: 2-7-12

Harnett County Department of Public Health Site Sketch

ISSUED TO: Ella Mclean	PROPERTY LOCATON: 5/2/70 Subdivision (5)	3 RED HELL CHO	RCH RD
Authorized State Agent: James & Marsh	mf rous	Date:	
*Contractor may wont TO			
meet onsite prior to			
4 x 1/2" sell 40 values	ZH' ZH' ZH' ZH' ABRE HORE MO TORE T	27' 69' 10'	DEN BY NORD
,	168,		



HARNETT COUNTY ENVIROMENTAL HEALTH

SITE PREPARATION

HOW TO PROPERLY MARK PROPERTY FOR SOIL EVALUATION

strong roots new growth S'te Plan lron Pink Flag Pink Flag lron 101 Pink Flag Pink Flag Orange Orange Flag Flag **LEGEND** ٨ Corner Iron ١ **HOUSE** ŝ 4 Flags 68, Pink Flag Pink Flag Orange Orange Flag Flag 107 Pınk Flag Orange Card Pink Flag Iron Iron

ROAD