HTE# 13-5-3639572 Harnett County Department of Public Health

Improvement Permit

27242

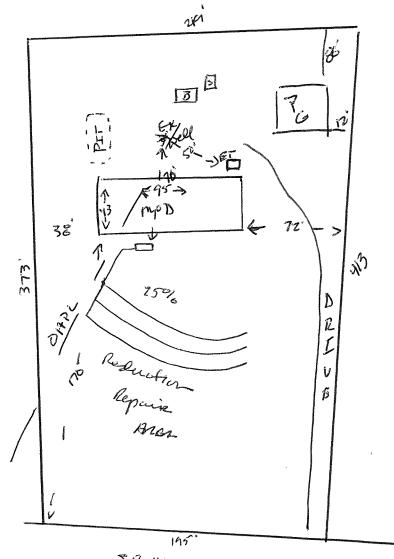
A building permit can	not be issued with only an Improvement	Permit	300
ISSUED TO: Belly + Pearny Smith	PROPERTY LOCATION: SZ21409 0	HICKOLD WE DVINCE	
	_ SUBDIVISION		LOT #
NEW REPAIR EXPANSION □	Site Improvements requ	uired prior to Construction Authoriz	ation Issuance:
Type of Structure: Modume			
Proposed Wastewater System Type: 25% 1800000	_		
Projected Daily Flow: GPD			
Number of bedrooms: Number of Occupants:	_max		
Basement □Yes ☑ No			
Pump Required: □Yes □ No □ May be required based on final			
Type of Water Supply: Community Public Well Dista	nce from well feet	Permit valid for:	☐ Five years
Permit conditions:			☐ No expiration
	ê		
Mayler	F Date: 1-31-1	"Z CEE ATTA	CHED SITE SKETCH
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantees the issuance of oth			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvemen	Permits that not be affected by a change in owner	rship of the site. This permit is subject to o	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	-,	, , , , , , , , , , , , , , , , , , ,	
Const	ruction Authorization		
-	quired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195		into this normit and shall he met Systems o	shall he installed in accordance
with the attached system layout.			
ISSUED TO: Billy + Perry Smith	PROPERTY LOCATION: 32	405 CAKILLOGE	Duren 20
			LOI #
Facility Type: Modulot	Expansion 🗆 Repair		
Basement? Yes No Basement Fixtures? Yes	☑Ŋo		
Type of Wastewater System** 25% REDUCTION S	45til-	(Initial) Wastewater Flow: _	<u> 360 </u>
(See note below, if applicable □)	/	,	
25% R8NUCUN :	Repair)		
Installation Requirements/Conditions Number of tren	in the same of the		
		Trench Spacing:	Feet on Center
	e installed on contour at a		nches
Maximum Trenc	Depth of: 24 may inches	(Maximum soil cover shall n	
(Trench bottoms	shall be level to +/-1/4"	36" above the trench botto	om)
in all directions	1		
Pump Requirements:ft. TDH vs GPM		6	inches below pipe
		Aggregate Depth: Z	inches above pipe
Candidiana		Aggregate beptili.	inches total
Conditions:			inches total
WATER LANG PROCEEDING IRROGATIONS WHICH BE TOTAL FROM	NV DINT OF CENTIC CVCTCH ON D	TOUR ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A		(EPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	A.		
**If applicable: / understand the system type specified is different from	the type crecified on the application	I account the enecifications of t	hic normit
<u>"Il applicable: I understand the system type specified is univerent from </u>	the type specified on the application.	. I accept the specifications of th	nis perinit.
A		Data	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	The Committee Andrews Committee and the committee of the	Date:	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	sewage treatment and Disposal and to the conditi	ons or this permit. SEE I	ATTACHED SITE SKETCH
3 M	Rev.	, again to annie.	
Authorized State Agent: (Aw)	Nans Date:		A-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-1470-1-14
Cons	truction Authorization Expiration D	ate: 1-31-18	

HTE# 13-5-303957

Permit # 27242

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: BLIYOS	DAKRENGE	DUNCAN RD
ISSUED TO: Billy + Penny Smith	SUBDIVISION	Date: 1 - 3	1-13
Authorized State Agent: 2 March	n	Date.	



512 1409 OAKREDGE DUNCANIZO