HTE#15-5-36010

Harnett County Department of Public Health

28384

Improvement Permit

A building permit came	PROPERTY LOCATION: 501574 KIRK ADAMS RD
ISSUED TO: PAN + DASIElle DURICE	SUBDIVISIONLOT #
NEW ☐ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure:	The inference of the second se
Proposed Wastewater System Type: Pupto 2502 RESOUT	
Projected Daily Flow: 480 GPD	- -
1/	max
Basement Ses No	··· ···
Pump Required: ☐ Yes ☐ No ☐ May be required based on final lo	ocation and elevations of facilities
Type of Water Supply: Community Public Well Distance	ce from well feet Permit valid for: 🖃 Five years
Permit conditions:	☐ No expiration
× 1 1	
Authorized State Agent: Janes C Mohan T	Date: 5-22-15 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	
Constru	<u>uction Authorization</u>
(Reg	quired for Building Permit)
	.1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO POLICE AND TO Alla XIII	PROPERTY LOCATION: 32/574 Ktck ADAMS
ISSUED TO: /Au/ + DANTElla Dipree	
$M \cap I$	30001113.01
Facility Type: New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	□No .
Type of Wastewater System** Juny to 25% 1050	Olaron (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable □)	
Kunto 2500 VG1	SUCTEO (Repair)
Installation Requirements/Conditions Number of trend	hes 3
	each trench 150 feet Trench Spacing: Feet on Center
	e installed on contour at a Soil Cover: inches
· · · · · · · · · · · · · · · · · · ·	Depth of: inches (Maximum soil cover shall not exceed
,	,
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	
**If applicable: I understand the system type specified is different from a	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 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	
. /	
Authorized State Asopti	truction Authorization Expiration Date: 5-22-20
Authorized State Agent: AND	vale.
/ / Const	truction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

ISSUED TO: PAUL + DANIEILE Dupas	PROPERTY LOCATON: <u>/</u> SUBDIVISION	574 KIRK ADM	LOT #
Authorized State Agent: S Ms	nhant an	Date:	
	NEW SO' A+E	WILLIAM SECRETARIAN SECRETARIA	Oto Constants Porto to Co