HTE# 15-5-36987

Harnett County Department of Public Health

28537

Improvement Permit

A building permit cann		. 0	ont rermit		
ISSUED TO: JERRAIGH CALONELL	PROPERTY LOCAT	BEACLE	RUN	10.	T# 6
NEW REPAIR EXPANSION				ction Authorization Issuan	
Type of Structure: Moo (60' x27')		site improvements	required prior to constru	CHOIL MULIIOTIZATION 1550AN	ice.
Proposed Wastewater System Type: 25% REQUESTION SYST	Con				
Projected Daily Flow: 480 GPD	<u></u>				
	max				
Basement Yes No	, max				
Pump Required: □Yes No □ May be required based on final lo	ocation and elevat	ions of facilities			
Type of Water Supply: Community Public Well Distance			Permit	valid for: Five	years
Permit conditions:				/ \	xpiration
1/10 00					
		1 1			
Authorized State Agent:: REST	Date:	3/17/15		SEE ATTACHED SITE S	KETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other					
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be al	ffected by a change in or	wnership of the site. This perm	it is subject to compliance with	the provisions of
and talled to straige readment and disposal and to conditions of this period.					
Constru	uction Aut	harization			
-		<u>:horization</u>			
	<u>juired for Buildir</u>	•			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	.1958. and .1959 are	incorporated by reference	es into this permit and shall b	oe met. Systems shall be installe	d in accordance
ISSUED TO: JERZEMIAN CALONELL	PROPERTY	LOCATION:	LAO ST.		
	SUBDIVISIO	N BEAGLE	= RUN	LOT	# 6
Facility Type: Moo (60'+27') New	□ Expansi				
	×N₀ ′				
Type of Wastewater System** 25% REDUCTION	J SysT	EN	(Initial) Wastew	vater Flow: 480	GPD
(See note below, if applicable ()			(midal) wasten	atti Tion	
25% REDUCTIO	101	_(Repair)			
Installation Requirements/Conditions Number of trench	hor 4	_(nepan)			
		C foot	Tranch (nacing)	9 Feet on Ce	meau
Septic Tank Size 1000 gallons Exact length of e					inter
Pump Tank Size gallons Trenches shall be			Soil Cover: 6-		
Maximum Trench			•	cover shall not exceed	
(Trench bottoms		+/-1/4"	36" above the	trench bottom)	
in all directions)					
Pump Requirements:ft. TDH vs GPM				inche	
			Aggregate Depth:	inch	es above pip
Conditions:		Повет			_ inches tota
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI	NY PART OF SE	PTIC SYSTEM OF	REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA					
	IM SHARKS	8 8 90 0		2 0 0 00 10	
**If applicable: I understand the system type specified is different from the	the type specifie	d on the application	on. I accept the specifi	ications of this permit.	
Owner/Legal Representative Signature:		and the state of	Date:		
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use				1.70	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	Sewage Treatment and	Disposal and to the con	ditions of this permit.	SEE ATTACHED S	ITE SKETCH
Authorized State Agent:			-1 1		
Authorized State Agent:	MS	Date	: 917/15		
	ruction Authori	zation Expiration		20	

Harnett County Department of Public Health Site Sketch

		^	PROPERTY LOCATON:_	RAO ST			
ISSUED TO:	JEREMINH.	CALOWELL	SUBDIVISION	BEAGLE P	NN	LOT #	6
Authorized State	Agent:	D was lin	LIVEL TOLKS	Date:	3/11/2		

