HTE#/6-5-38353RRRHarnett County Department of Public Health

28986

Improvement Permit

A building permit cannot be issued with only an Import

-7 · · · · · · · · · · · · · · · · · · ·	PROPERTY LOCATION:	nent Permit NETGIFBIN	5 00	
1 to de server	SUBDIVISION		LOT #	
NEW MEPAIR MODE EXPANSION D	Site Improvements	required prior to Construction Authori	ization Issuance:	
Proposed Wastewater System Type: 25% neduce a			issuite.	
Projected Daily Flow: 360 GPD	_			
Number of bedrooms: Number of Occupants:	Name of the last o			
Basement Yes No	_max			
Pump Required: Yes No May be required based on final	location and all of the survey			
in just required based oil illial	nce from well feet			
Permit conditions:	ince month well teet	Permit valid for:	Five years	
			☐ No expiration	
Autorial St. A. A.	-Row-			
Authorized State Agent:	Date: 8-24-1	6 SEE ATTA	CHED CITE CRETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of othe site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	r permits. The permit holder is responsible for	checking with appropriate governing bodies in r	neeting their requirements This	
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 affected by a change in o	unership of the site. This permit is subject to co	ompliance with the provisions of	
Constr	uction Authorization			
(D ₂ ,	mind (D TIP D T)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	uired for Building Permit)	and the second s		
with the attached system layout.	and are incorporated by reference	es into this permit and shall be met. Systems sh	nall be installed in accordance	
ISSUED TO: Enic + Ashley Sepley				
10 de servey	PROPERTY LOCATION:	707 Neglbors	RP	
	SUBDIVISION	1707 Nextborn	LOT #	
Resement? Ves New	Expansion Repair	E		
Pasement Lixtures: 162	□ No			
Type of Wastewater System** (See note below, if applicable (See Nesser System*)	System	(Initial) Wastewater Flow:	360 GPD	
	septeckepair)			
Santic Tank Sine / OA A				
D T. 1 C'	ach trench 260 feet	Trench Spacing: Fe	eet on Center	
	installed on contour at a	Soil Cover: 6 inch		
Maximum Trench	Depth of: 18" matinches	(Maximum soil cover shall not		
	hall be level to +/-1/4"	36" above the trench bottom		
in all directions)		die denen bottom	,	
Pump Requirements:ft. TDH vs GPM		6	inches below pipe	
Panalist		Aggregate Depth: Z	inches above pipe	
Conditions:		12	inches above pipe	
			inches total	
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY	PART OF SEPTIC SYSTEM OR I	CDAID ADEA		
O UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	TAKE OF SELLIC SISIEM OF F	EFAIR AREA.		
*If applicable: I understand the system type specified is different from the	type specified on the application.	I accept the specifications of this	permit.	
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
wner/Legal Representative Signature:		Date:	0	
is Construction Authorization is subject to revocation if the site plan, plat, or the intended use char nstruction Authorization is subject to compliance with the provisions of the laws and Bules for So	nges. The Construction Authorization shall not b		nip of the site This	
nstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewi	age Treatment and Disposal and to the conditio		CHED SITE SKETCH	
	- 0000		The same of	
Construction Authorization Expiration Date: 8-24-16 Construction Authorization Expiration Date: 8-24-21				
Construc	tion Authorization Expiration Da	ita. 0-211 21		
	Expiration Do	0-04-2	-	

HTE# 16-5-38353 RRR

Harnett County Department of Public Health Site Sketch

ISSUED TO: Eric + Ashley Scaley	PROPERTY LOCATON: 50 1707 A	GGHBONS MI
1 1	1	LOT #
Authorized State Agent: James Mark	ANTIGUS Date:	8-24-16
//	Date	0 2 1 - 16

