HTE# 14-5-34850R Harnett County Department of Public Health

Improvement Permit

| A Dulloing permit can | DODGETY LOCATION IN 1419 And Society Of the Property of the Pr |
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| ISSUED TO: DANNIMOORLY | PROPERTY LOCATION: 30419 Avery Space 20 SUBDIVISION LOT # |
| NEW REPAIR EXPANSION Z | Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: MOVED Hore Fire | Danne |
| Proposed Wastewater System Type: Lt Coverbook | 7 |
| Projected Daily Flow: 360 GPD | |
| Number of bedrooms: 3 Number of Occupants: 6 | _max |
| Basement Yes No | |
| Pump Required: □Yes □ No □ May be required based on final | |
| Type of Water Supply: Community Public Well Dista Permit conditions: | nce from well <u>Formed feet</u> Permit valid for: Five years □ No expiration |
| Authorized State Agent: Some & March | Date: 11-10-14 SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the health Department in no way guarantees the issuance of oth | er permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This |
| | t Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of |
| Const | ruction Authorization |
| <u>(Re</u> | equired for Building Permit) |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout. | 7, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance |
| ISSUED TO: Army Moraly | PROPERTY LOCATION: SU419 Avery Special LOT # LOT # |
| Facility Type: No velses I New | |
| | Expansion Repair |
| , german | (Initial) Wastewater Flow: 360 GPD |
| Type of Wastewater System** (Sometime below if continued to the continued | (Illitial) Wastewater Flow Grb |
| (See note below, if applicable □) | (Banaix) |
| | |
| | CONTRACTOR OF THE PROPERTY OF |
| Septic Tank Size Callons Exact length of | |
| | |
| | h Depth of: inches (Maximum soil cover shall not exceed |
| ` | s shall be level to +/-1/4" 36" above the trench bottom) |
| in all directions | |
| Pump Requirements:ft. TDH vs GPM | inches below pipe |
| Conditions: NEW 7 | Aggregate Depth: inches above pipe inches total |
| | |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE | |
| **If applicable: / 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 | e 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 | CER ATTICUES CITE CUSTOU |
| _ | 1 1 |
| Authorized State Agent: | Date: |
| Cons | truction Authorization Expiration Date: |

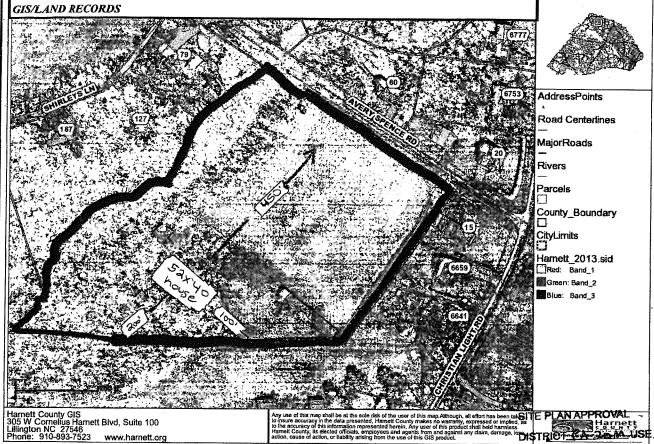
HTE# 14-5-34850 7

348507 Permit # <u>Z8085</u> Harnett County Department of Public Health Site Sketch

| | | | PROPERTY LOCATON: | 419 AV | eny Spenc | A 71) |
|------------------|-------------|------------|-------------------|--------|-----------------------------------|---------------|
| ISSUED TO: | DANNY | Moody | SUBDIVISION | | | LOT # |
| Authorized State | Agent: | es & M | | Date: | 11-10-14 | |
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| | / | | hen A-Boy | | | |
| | <u> </u> | Burlo | | | | |

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>> Fire damage repair; repair of existing tent W/
new tank
>> spoke
w/ Graham
Byrd regading
this



ADED SOURCE

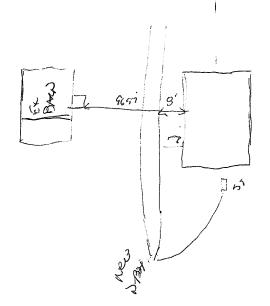
10/29/14

y Duny Mum

MOVED HOUSE

CARE

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HARNETT COUNTY, NORTH CAROLINA