HTE#_15-5-35553 Harnett County Department of Public Health

28246

Improvement Permit

A bu	ilding permit cannot be issued with			0 11
ISSUED TO: DALE MONGAN	PROPERTY LOCAT SUBDIVISION	10N: <u>2007 105</u>	01D Fairgo	wat Kis
NEW REPAIR EXPANSION		vous pla	thun,	LOI # <u>/</u>
	Li	Site improvements re-	quired prior to Construction Autho	rization Issuance:
	70			
Proposed Wastewater System Type: 25% TUGDU CD	un			
Projected Daily Flow: 340 GPD	,			
Number of bedrooms: Number of Occupant	s:max			
Basement □Yes ☑ No				
Pump Required: ☐Yes ☐ No ☑ Maxy be required	based on final location and elevat	ions of facilities		
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	feet	Permit valid for:	✓ Five years✓ No expiration
Authorized State Agent:	Date:	3-25-		FACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees site is subject to revocation if the site plan, plat, or the intended use chang the Laws and Rules for Sewage Treatment and Disposal and to conditions of	es. The Improvement Permit shall not be af	folder is responsible for che	cking with appropriate governing bodies in prship of the site. This permit is subject to	n meeting their requirements. This compliance with the provisions of
	Construction Aut	<u>horization</u>		
	(Required for Buildin	ig Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	.1955, .1956, .1957, .1958. and .1959 are	incorporated by references	into this permit and shall be met. Systems	s shall be installed in accordance
ISSUED TO: DALE MORGEN Facility Type: MOVERS 5FD	PROPERTY	LOCATION: <u>87</u> /	705 010 Fairgro	mod RD
			U	LOT #/
Facility Type: Movers 5 For	☑ New □ Expansion	on 🗌 Repair		
Basement? Yes No Basement Fixture	s? 🗆 Yes 🖾 No	•		
Type of Wastewater System** <u>75% 7067</u>		=m	(Initial) Wastewater Flow	36 & GPD
(See note below, if applicable □)	200000		(midal) wastewater riow.	<u> </u>
15% 176W	(17.0)	/n		
		(Repair)		
	umber of trenches $\underline{\qquad 2}$		9	
Septic Tank Size gallons E. Pump Tank Size gallons Ti	xact length of each trench/=	50 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons Ti	renches shall be installed on cor	ntour at a	/	inches
	aximum Trench Depth of: <u>24ラ</u>	_	(Maximum soil cover shall	
			-	
•	rench bottoms shall be level to	 ∓/-1/4	36" above the trench both	tom)
	all directions)			
Pump Requirements:ft. TDH vs G	iPM		6	inches below pipe
Conditions:			Aggregate Depth:	inches above pipe inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 1	OFT. FROM ANY PART OF SE	PTIC SYSTEM OR F	REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAI				
**If applicable: / understand the system type specified is	different from the type specified	on the application.	I accept the specifications of t	this permit.
Owner/Legal Representative Signature: his Construction Authorization is subject to revocation if the site plan, plat, or			Date:	
his Construction Authorization is subject to revocation if the site plan, plat, o	r the intended use changes. The Construction	on Authorization shall not b	e transferred when there is a change in o	
construction Authorization is subject to compliance with the provisions of the	Laws and Rules for Sewage Treatment and	Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agent: SM	la la fe	Nata:	3-25-15	

Construction Authorization Expiration Date: _

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SC1705 0115	Paingnormal RD
ISSUED TO: DA/e Mongan	SUBDIVISION MA	+thers LOT # /
Authorized State Agent: EMIG	buhant Date: _	3-25-15
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