HTE# 07-5-18668 SHOP Harrica County Department of Public mealth 24405 Improvement Permit

A buil	ding permit cannot be issued wi			(20)
ISSUED TO: CHIZEST Any FAULKINE	SUBDIVISION	411UN: 3/2/396 C	OID BUIKS CARGE	LOT # 3
_/		Site Improvements requ	aired prior to Construction Authoriz	
Type of Structure: 5FD	_	site improvements requ	ance prior to construction Auditoria	acron issuance.
Proposed Wastewater System Type: 25% Refroct	Cos			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants	:: 6 max		v v	
Basement Yes No				
/	based on final location and elev	ations of facilities		,
	Well Distance from well		Permit valid for:	Five years
Permit conditions:	TO SHARE THE SHA			☐ No expiration
	1 1018			
Authorized State Agence	har Date:	10-31-07	SEE ATT/	ICHED SITE SKETCH
The issuance of this permit by the Health Department in no way gu	arantees the issuance of other perm	its. The permit holder is res	ponsible for checking with appropriate	governing bodies in meeting
their requirements. This site is subject to revocation if the site plan,	plat, or the intended use changes.	The Improvement Permit sha	all not be affected by a change in ow	nership of the site. This
permit is subject to compliance with the provisions of the Laws and	Rules for Sewage Treatment and Di	sposal and to conditions of	this permit.	
	Construction Au	<u>ithorization</u>		
	(Required for Build	ding Permit)		
The construction and installation requirements of Rules .1950, .1952			d by references into this permit and s	hall be met. Systems shall be
installed in accordance with the attached system layout.			w. 1	
ISSUED TO: Churst Amy FAUKWE	PROPERT	Y LOCATION: 5/2/5	42 OID BUTES CR	EK ZD
. /	SUBDIVIS	ION	742 OID BUTES CR	LOT # 3
Facility Type:SFD	New 🖵 Expan			
Basement? Yes No Basement Fixture		,		
Type of Wastewater System** ZSPIBREIDUCT	(Initial)	Wastewater Flow:	PAD GPD	
(See note below, if applicable □)	()	-		
Z598105D00	D10 -	(Repair)		
Installation Requirements/Conditions		(ncpair)		
installation requirements/conditions				
	4x	80 feet	9	
Septic Tank Size 1000 gallons E	xact length of each trench _	1000	Trench Spacing:	
	renches shall be installed on	contour at a		nches
1	faximum Trench Depth of:	Zy" inches	(Maximum soil cover shall i	not exceed
(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	com)
i	n all directions)			
	GPM		6	inches below pipe
	E0.10		Aggregate Depth: 2	inches above nine
Conditions:			Aggregate beptil.	Z inches total
Conditions.				inclies total
**If applicable: / understand the system type	specified is different from the	type specified on the	application. I accept the specifi	ications of this permit.
	•			
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site pl				
of the site. This Construction Authorization is subject to compliance	with the provisions of the Laws and	Rules for Sewage Treatment		
711	1 10018	4	SEE ATT	ACHED SITE SKETCH
Authorized State Agent: James EM	ANHANT	Date:	10-31-07 ate: 10-31-12	
	Construction Author	orization Expiration D	ate: 10-31-12	2_

HTE# 07-5-18666

Permit # 24405

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: SC/542 ODBUTES CROCKITS ISSUED TO: Chis + Amy FAUTKAGE SUBDIVISION LOT # 3 es E Marchant ans SFD 741 RUN WATER POUNT 225 16° off GUILLY 75% REDUCTIONS SR 1542 OID BUTES CREEK