Harnett County Department of Public Health

HTE#09-5-21639

25128

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
PROPERTY LOCA	ATION: Hury ZIDN		
ISSUED TO: MAILTEN + SAMANHA COX SUBDIVISION SUBDIVISION		LOT #	
NEW 🗹 👘 REPAIR 🗆 EXPANSION 🗖	Site Improvements required prior to Construction Authorizat		
Type of Structure:SFD			
Proposed Wastewater System Type: 259076 Duction (Accepted) System			
Projected Daily Flow: <u>480</u> GPD			
Number of bedrooms: <u> </u>		······································	
Basement Tyes INo			
Pump Required: 🗆 Yes 🗆 No 🗹 May be required based on final location and eleva	ations of facilities	/	
Type of Water Supply: 🗌 Community 📝 Public 🔲 Well Distance from well	feet Permit valid for	Five years	
Permit conditions: CONTRACTOR TO MEET OWSET &	SALAY TA TITU	\square No expiration	
	por fo INSAI		
		·····	
Authorized State Agent: Jones & Manhon fores Date: _	3-12-09 SEE ATTACH	IED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	t holder is responsible for checking with appropriate governing hodies in me	ating their requirements. This	
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: MARter + Samutha C	PROPERTY LOCATION: Hwy 2	7/0
	SUBDIVISION	LOT #
Facility Type: <u>JFX</u>		
Basement? 🗌 Yes 🗌 No 🛛 Basement F	ixtures? 🗌 Yes 🔲 No 🛛 🗸 🗸	1
Type of Wastewater System** (Accepted)	2596REDUCITON Syster MANITEE	(Initial) Wastewater Flow: \mathscr{PBO} GPD
(See note below, if applicable 🔲)	"manthac"	· · · · · · · · · · · · · · · · · · ·
(Accepted)	25% REDUCTUDS 5-64 (Repair)	
Installation Requirements/Conditions	ixtures? [] Yes [] No <u>2596 REDUCTION</u> System MANETEE <u>2596 REDUCTION</u> System (Repair) Number of trenches <u>3</u>	
Septic Tank Size <u>1200</u> gallons	Exact length of each trench <u>120</u> feet	Trench Spacing:9 Feet on Center
Pump Tank Size <u>1700</u> gallons	Trenches shall be installed on contour at a	Soil Cover: & inches
	Maximum Trench Depth of: <u>Z6"</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	
	in all directions)	,
Pump Requirements:ft. TDH vs	GPM	E inches below pipe
		Aggregate Depth: inches above pipe
Conditions: Contractor to m	IEFT ON STIF Prion	Z inches total
	of SEPTIC System	
•		
**If applicables I understand the surface to it.		· · · · · · · · · · · · · · · · · · ·

<u>In applicable.</u> Tunderstand the system type specified is unterent from the type specified on th	te 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 changes. The Construction Author	rization 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 Sewage Treatment and Disposal	and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Jones & Man La Acts Construction Authorization	_ Date: <u>3-12-09</u> Expiration Date: <u>3-12-14</u>

