HTE# 10-5-24009R

Harnett county Department of Public Hearth

Improvement Permit

26225

	PROPERTY LOCATION: ASINE AVENUE
(SUBDIVISION LOT #
NEW REPAIR □ EXPANSION □ Type of Structure: S = □	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Convention ARL	
Projected Daily Flow: 360 GPD	
	max
Basement Yes No	
Pump Required: Yes No May be required based on final loc Type of Water Supply: Community Public Well Distance Permit conditions:	
140 10	
	Date: 8 3 10 SEE ATTACHED SITE SKETCH permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This remit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Constru	uction Authorization
(Requ	uired for Building Permit)
with the attached system layout.	.1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: CHARLES LARRY LEE	PROPERTY LOCATION: ASKE AVENUE
550	SUBDIVISION LOT #
Facility Type: SFO New	□ Expansion □ Repair
	⊠ No
	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	(0 - 1)
	(Repair)
Installation Requirements/Conditions Number of trench	
1 0	installed on contour at a Soil Cover: G-12 inches
	Depth of: 18-24 inches (Maximum soil cover shall not exceed
Consultation (Consultation Consultation Cons	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions: WELL MUST BE PROPERLY ABANDO FROM HARNETT COUNTY HEALTH	Aggregate Depth: 2 inches above pipe DEPRITIENT: Aggregate Depth: 2 inches total DEPRITIENT:
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	NI FART OF SEFFIC STSTEM OR REPAIR AREA.
**If applicable: understand the system type specified is different from t	the type specified on the application. I accept the specifications of this permit.
11 applicable. I understand the system type specified is unierent from the	the type specified on the application. I accept the specifications of this perimit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to execution if the site plan, plat, or the intended use of Construction Authorization is subject to compliance with the previous of the Laws and Rules for S	thanges. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
and the second of the second o	The state of the s
	Date: 8/3/10

Harnett County Department of Public Health Site Sketch

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ISSUED TO: CHARLES LARRY LEE	SUBDIVISION			LOT #
Authorized State Agent:	REHS COLIVER TO	OLKSOND Date:	8/3/10	

