HTE# 17-5-40554

Harnett County Department of Public Health

Public Health 29145

Improvement Permit

	building permit cannot be issued wi			
ISSUED TO: STEVEN BRODOW	ELL CURDIVICION	ATION: NCar	1	LOT #
NEW DEDAID		Site Improvements rea	uired prior to Construction Autho	rization Issuance:
Type of Structure: Ex Bon ADOIN & B	DATH SOOM & OFFICE	site improvements req	uned prior to construction Autho	rization issuance.
Proposed Wastewater System Type: CONVENT	12401			**************************************
Projected Daily Flow: 360 GPD (RG	QUESTED)			
Number of bedrooms: Number of Occu				
Basement Yes No				
Pump Required: ☐Yes →No ☐ May be requ	ired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public Public	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
				_ no expiration
Authorized State Agent::	PENS Date:	1/30/17	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guard	intees the issuance of other permits. The permi	t holder is responsible for ched	king with appropriate governing hodies in	meeting 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 owner	rship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit			
	Construction Au	<u>ithorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .	954, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references i	nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: STEVEN BRODON	() DOODEDTS	LICCATION N.C	$\Delta 1 \Box$	
1330ED 10 10.0	rkupekii	LUCATION:	261 1	
Faille Ton Fix &	ומואוחאח	UN		LOT #
Facility Type:		sion 🗆 Repair		
	tures? 🗆 Yes 🗕 No			0.40
	JANO1.7.	***************************************	(Initial) Wastewater Flow:	SG GPD
(See note below, if applicable)				
LOWIC	2107 UT	(Repair)		
Installation Requirements/Conditions	Number of trenches 2	20 000 000	-	
Septic Tank Size 1000 gallons	Exact length of each trench	O O feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover: 12-27	
	Maximum Trench Depth of: 2		(Maximum soil cover shall i	
	(Trench bottoms shall be level t		36" above the trench bott	
	in all directions)	0 17-174	30 above the trench bott	onij
Pump Requirements:ft. TDH vs				* * * * * *
rump kequirementsnt. IDH vs	_ 4111			inches below pipe
Condition			Aggregate Depth:	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF S	EPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**!6 1: -11 - 1 1 1 1 1 1	1: 1:11			
**If applicable: / understand the system type specified	is different from the type specific	ed on the application.	I accept the specifications of t	his permit.
Owner/Legal Representative Signature:		150 3 30	Date:	
This Construction Authorization is subject to revocation if the site plan,	olat, or the intended use changes. The Construc	tion Authorization shall not be	transferred when there is a change in ov	vnership of the site. This
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and	d Disposal and to the condition	ns of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agent:	May 1 SEHIS	Date:	1/30/17	
	Construction Alphor	ization Expiration Da	te. 130123	
	construction nutility	EMPIRED LAPITATION DA	100100	

Harnett County Department of Public Health Site Sketch

ISSUED TO: STEVENSE Authorized State Agent:	MODONELL I	RTY LOCATON: UBDIVISION VEQ TOLKSD	NC217 Date:	1/30/17	_ LOT #
OROR OFF TO WEX ANEX	EXT. BARN R L P L R .	DQ - DG - DD			