00-011353			
HTE# 00-5-11388 Harr	nett County Department of Pub	lic Health	29647
	Improvement Permit		
۵	building permit cannot be issued with only an Improvement	Permit	
-1 4	PROPERTY LOCATION SC 1439	Wed Newar	
ISSUED TO: Meny HARVED	SUBDIVISION JULATON FA	m I	OLOT # Z
NEW 🗆 REPAIR 🗖 EXPANSIO		quired prior to Construction Author	ization Issuance:
Type of Structure: <u>IZY SFID</u>			
Proposed Wastewater System Type: 25% Re			
Projected Daily Flow: <u>360</u> GPD Number of bedrooms: <u>3</u> Number of Occu			
Basement $\Box$ Yes $\Box$ No	pants:max		
	ired based on final location and elevations of facilities		
Type of Water Supply: 🗆 Community 🔽 Public	Well Distance from well feet	Permit valid for:	Five years
Permit conditions:		11 m 90 13 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	□ No expiration
	1		•
Authorized State Area - St	AL HORIERS 3"	18	
Authorized State Agent:	ntees the issuance of other permits. The permit holder is responsible for ch		ACHED SITE SKETCH
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 own	ership 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		L
	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.		6 C.S. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
ISSUED TO: Sherry Harve	PROPERTY LOCATION	133 Ded MA	wing
	SUBDIVISION JOHNSON	FANS T	LOF# Z
Facility Type: 154 SFS	New 🗆 Expansion 🖃 Repair		
Basement? 🗆 Yes 🗆 No 🛛 Basement Fix	tures? 🗆 Yes 🔲 No		
Type of Wastewater System**		(Initial) Wastewater Flow: _	360 GPD
(See note below, if applicable $\Box$ )	1 1		
25701	(Repair)		
Installation Requirements/Conditions	Number of trenches 3,02 4	9	
Septic Tank Size gallons	Exact length of each trench OOOC 60 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: i	nches
	Maximum Trench Depth of: <u>ZZ</u> inches	(Maximum soil cover shall n	
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench botte	om)
	in all directions)	/	
Pump Requirements:ft. TDH vs	GPM	6	inches below pipe
		Aggregate Depth:	<u>2</u> inches above pipe
Conditions:			/ <u> </u>
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DRAIN FIELD AREA.		
**If applicable: / understand the system type specified	t is different from the type specified on the application	I accept the specifications of the	his 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 Authorization shall not	be transferred when there is a change in ow	nership of the site. This
Construction Authorization is subject to compliance with the provisions o	f the Laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit. SEE /	ATTACHED SITE SKETCH
Authorized State Agent: Manufactures Date: Date: Date:			
Construction Authorization Expiration Date:			

00-01138

HTE# 00-5-11358 Permit # 29647 Harnett County Department of Public Health Site Sketch ISSUED TO: Sherry HARVCY SUBDIVISION JOHNSM FORMET LOT # 2 Authorized State Agent: Jones & MANMAN Date: 3-1-19 3×30 OR YX60 (INE DW

512 1439 WED DENNENG