HTE# 05-5-1185412

Harnett County Department of Public Health 23777

Improvement Permit

_	w national because courot be 1221				
ISSUED TO: JOHN L Brand	CURNIVI	Y LOCATION: SZ1764	TELCHANDERS		
	ON 🗆	,	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: 5Fis	V 🚨	are mibrovements i	required prior to Construction Autho	rization Issuance:	
Proposed Wastewater System Type: 25% RE Suz	でい				
Projected Daily Flow: 360 GPD					
	pants: 6 max				
Basement □Yes ☑ No	pansmax				
	uired based on final location an	I don't control			
Type of Water Supply: Community Public	med based on mila location an	elevations of facilities			
Permit conditions:	☐ Well Distance from w	ellteet	Permit valid for:	Five years	
				☐ No expiration	
Authorized State Agents James Man	that are	ate: 4-16-	۸٦		
The issuance of this permit by the Health Department in no wa	ly guarantees the issuance of other	normity. The normit holder is		ACHED SITE SKETCH	
their requirements. This site is subject to revocation if the site permit is subject to compliance with the provisions of the laws	plan, plat, or the intended use cha	notes. The Improvement Pormit	responsible for checking with appropriat	e governing bodies in meeting	
permit is subject to compliance with the provisions of the Laws	and Rules for Sewage Treatment a	nd Disnosal and to conditions of	shall not be affected by a change in or	wnership of the site. This	
		na pipposes and to conditions (or this permit.		
	Construction	A			
	Construction	<u>Authorization</u>			
	(Required for	Building Permit)			
The construction and installation requirements of Rules .1950, installed in accordance with the attached system layout	952, .1954, .1955, .1956, .1957, .	1958. and .1959 are incorpora	ted by references into this parmit and	shall he met Sustame shall ha	
article system layout.					
ISSUED TO: JOHN L Byrd	PROF	PERTY LOCATION: 5017	NOONS		
/ •	CURD	IVISION 2. J.L.	13023703		
Facility Type:SFD	New DE	11131011 132-1719	KJOGY S	LOT # <u>-4</u>	
	ures?	xpansion 🗌 Repair			
Type of Wastewater System** 25% NSOUCT	Don System (Initial)	Wastewater Flow: _	360 GPD		
(see note below, if applicable [])					
LPP Neg	an	(Repair)			
Installation Requirements/Conditions /		(,)			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	12300 64	Town of Section 9		
Pump Tank Size 1000 gallons			1 0	Feet on Center	
ganons	Trenches shall be installed		Soil Cover: in	nches	
	Maximum Trench Depth of:		(Maximum soil cover shall no	ot exceed	
	(Trench bottoms shall be le	rel to +/-1/4"	36" above the trench botto	ım)	
	in all directions)			····· <i>)</i>	
oump Requirements:ft. TDH vs	GPM '		6		
			Aggregate Depth: Z	inches below pipe	
onditions:			Aggregate Depth:	inches above pipe	
onditions;				Z inches total	
+17					
*If applicable: I understand the system typ	e specified is different from t	the type specified on the	application. I accept the specifica	ations of this permit	
		,, ,	The specimen	acions of this perinic.	
wner/Legal Representative Signature:			Dato:		
wner/Legal Representative Signature: is Construction Authorization is subject to revocation if the site the site. This Construction Authorization is subject to compliance	plan, plat, or the intended use cha	nger The Construction Authoris	Date.		
the site. This Construction Authorization is subject to compliance	e with the provisions of the laws a	nd Rules for Sewaga Traatmant	and Disposal and to the continuous	re is a change in ownership	
	. /	mais for schage freatment			
uthorized State Agent	12 Lens		SEE ATTAI	CHED SITE SKETCH	
uthorized State Agent: James EM	VINNAS	Date: _	$\frac{4 - 16 - 67}{4 - 16 - 17}$		
//	Construction Aut	horization Expiration Da	ite: 4-11e-17		

<u>185417</u> Permit # <u>23777</u> Harnett County Department of Public Health Site Sketch

ISSUED TO: JOHN L BLAND	PROPERTY LOCATON: Se 1704 Telephonas		
1330ED 10: JOHN L BYRE	SUBDIVISION Benthey WOODS	LOT #	4
Australia Company	1 10ms		
Authorized State Agent James Ma	Date: 4-16-07		

