HTE# 05-5-13657 RRR

## Harnest County Department of Public sealth

23289

## Improvement Permit

	building permit cannot be issued wi	th only an Improvement	Permit (Sama)	
ISSUED TO: CAVINESS LAND DEVELOR	PROPERTY LOC	ATION: OVERHILLS	1 KO CKIINO)	LOT # 47
NEW REPAIR EXPANSIO	and the same of th		uired prior to Construction Author	
Type of Structure: SFO (46'×40')	" "	site improvements req	uneu prior to construction Author	ization issuance.
Proposed Wastewater System Type: 25% REDUCT	IN SYSTEM	-		
Projected Daily Flow: 360 GPD	100			
Number of bedrooms: 3 Number of Occup	oants: 6 max			
Basement Tyes No	alialilax			
	ired based on final location and elev	vations of facilities		
	☐ Well Distance from well _		Permit valid for:	Five years
Permit conditions:	_ Well bistance from well _	1000	remit valid for.	☐ No expiration
Termit Conditions.				_ no expiration
				Total Control
Authorized State Agent:	QS Date:	11/20/06	SEE ATT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no wa			sponsible for checking with appropriat	te governing bodies in meeting
their requirements. This site is subject to revocation if the site	plan, plat, or the intended use changes.	The Improvement Permit sh	nall not be affected by a change in or	wnership of the site. This
permit is subject to compliance with the provisions of the Laws	and Rules for Sewage Treatment and D	isposal and to conditions of	this permit.	
	Construction A	uthorization		
The control of the late of the	(Required for Buil		al baratana in the state of	aball be muc Contain aball be
The construction and installation requirements of Rules .1950, . installed in accordance with the attached system layout.	1752, .1754, .1755, .1750, .1757, .1750	s. and .1959 are incorporati	ed by references into this permit and	snall be met. Systems snall be
ISSUED TO: CAVINESS LAND DEVELS	PROPERT PROPER	TY LOCATION: OVE	24145 Ro (5R1120)	
BULL 10. CHANGE THAT	CHIDDING	ION STATESONS	5	LOT # 47
Facility Type: SFO (46"×40")	20BUINIS		)	LUI #
		nsion 🗌 Repair		
	tures?  Yes  No		244	
Type of Wastewater System** 25% Repucts	ON SYSTEM (Initial)	Wastewater Flow: _	360 GPD	
(See note below, if applicable   )				
PPBPS		(Repair)		
Installation Requirements/Conditions		1 TRENCH		
	Market .	HENCH I INSERT		
Septic Tank Size 1000 gallons	Exact length of each trench _	180 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on	contour at a	Soil Cover: 12	inches
•	Maximum Trench Depth of:	24 inches	(Maximum soil cover shall	
	(Trench bottoms shall be level		36" above the trench bot	
	in all directions)	10 -7-174	Jo above the trench bot	ttomy
Duran Barriannantu (4 TDII	,			inakas kalaus aina
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	
Conditions:				inches total
**If applicable: I understand the system t	ype specified is different from the	e type specified on the	application. I accept the speci	ifications of this permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the si				
of the site. This Construction Authorization is subject to complia	ance with the provisions of the Laws and	d Rules for Sewage Treatmen		
				TTACHED SITE SKETCH
Authorized State Agent:	RS COLIVER TOLKSOO	Date:	11/22/06	
-	Construction Auth	orization Expiration I	11/22/06 Date: 11/22/11	
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## Harnett County Department of Public Health Site Sketch

