HTE# 06-500 15152

Hamett County Department of Public nealth

23212

Improvement Permit

A building permit	cannot be issued with only an Impro	ovement Permit	
ISSUED TO: JASON Price Const.	PROPERTY LOCATION: NC	1 14.11	LOT # 45
		ents required prior to Construction I	
NEW SEPAIR SEPAI	- San	the required prior to constitution r	TOTAL
Proposed Wastewater System Type: 25% Red-ction 575	TEM		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants:	max	,	
Basement □Yes № No			
	nal location and elevations of facilitie		
Type of Water Supply: Community Public Well D	distance from well 50 f	eet Permit valid f	or: Five years
Permit conditions: Meet onsite for Final STUB Out Plumbing shallow At gr	CAYOUT	1 0 0 0	_ No expiration
THE OUT PIONSING) HATTSW , HT FA	sound level or Mi	oner & ramp ma	Not DE NEEDEL
Authorized State Agent:: Q- LMR J	Date: 09-12		EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the their requirements. This site is subject to revocation if the site plan, plat, or the			
permit is subject to compliance with the provisions of the Laws and Rules for Ser			e iii ownership of the site. This
Con	struction Authorization	<u>on</u>	
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .195 installed in accordance with the attached system layout.	5, .1956, .1957, .1958. and .1959 are in	corporated by references into this perm	it and shall be met. Systems shall be
ISSUED TO: JANA Price CONT.	PROPERTY LOCATION:	NC 27	
133020 10.	CURDIVISION /AUA	NC 27 ect valley	LOT # 47
Facility Type: SFD (30R 46x 49) X N		Repair	LOT #
Basement? Yes No Basement Fixtures? Yes		перап	
Type of Wastewater System** 25% Reduction Sys		Flow: 365 GPD	
(See note below if applicable)	0.4	10W 01 D	
LP (360LF) (3	Ox 90) (Repair)		
Installation Requirements/Conditions	(nepair)		
Septic Tank Size 1000 gallons Exact length	of each trench 1x225	feet Trench Spacing: 9	Feet on Center
	all be installed on contour at a	Soil Cover:	inches
	149	inches (Maximum soil cover	
T D Notice and later	toms shall be level to +/-1/4"	36" above the trend	
in all direct		Jo above the trent	ar bottom)
Pump Requirements:ft. TDH vs GPM	10113)		inches below pipe
·	1	Aggregate Denth	inches above pipe
Conditions: Mectonsite for Fival LA	yout		inches total
Conditions.	0		menes total
**If applicable: I understand the system type specified is	different from the type specified	on the application. I accept the	specifications of this permit.
Owner/Legal Representative Signature:		Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or other constructions.	he intended use changes. The Construction	n Authorization shall not be transferred	when there is a change in ownership
of the site. This Construction Authorization is subject to compliance with the pro-	risions of the Laws and Rules for Sewage	Treatment and Disposal and to the con-	ditions of this permit.
() []]		. 0. 12 . 1	EE ATTACHED SITE SKETCH
Authorized State Agent: () we () ()		Date: 09/0-04	
7 111	Construction Authorization Expir	ation Date: 07-12-20	4

Harnett County Department of Public Health Site Sketch

