HTE# 06-5-15754R

## Hamett County Department of Public Health 23310

Improvement Permit

	A building permit ca	annot be issued with only an Improvement	Permit	
	111 70	PROPERTY LOCATION: 5 R 1479	Chalypents ICS	LOT # 29
ISSUED TO: BREAN JOHNSON BU	(PANSION	Site Improvements requ	uired prior to Construction Authoriza	
Type of Structure: SFD				
Proposed Wastewater System Type: 25% RE	DUCTIONSysto	-		
Projected Daily Flow: 360 GPD	/			
	of Occupants:6	max		
Basement Yes No				
Pump Required: ☐Yes ☐ No ☑ May	se required based on final	l location and elevations of facilities	The second second	-/-
Type of Water Supply:  Community Permit conditions:	ublic	tance from well _\(\sigma\) feet	Permit valid for:	☐ Five years ☐ No expiration
1				
Authorized State Agent: James C	MANHANT	723 Date: 10-17-06	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department	n no way guarantees the iss	uance of other permits. The permit holder is re-	sponsible for checking with appropriate	
their requirements. This site is subject to revocation if	the site plan, plat, or the in	tended use changes. The Improvement Permit sh	all not be affected by a change in own	nership of the site. This
permit is subject to compliance with the provisions of	the Laws and Rules for Sewa	ge Treatment and Disposal and to conditions of	this permit.	
	Cons	truction Authorization		
		25 20 UNITED SAV BURNEY SAME SERVIN		
		Required for Building Permit)		
The construction and installation requirements of Rules		.1956, .1957, .1958. and .1959 are incorporate	ed by references into this permit and sh	hall be met. Systems shall be
installed in accordance with the attached system layout		DEADERTY LOCATION 50 HI	20 0/2-11 -10 0	^
ISSUED TO: BRIAN JOHNSON BUELO	leas the	PROPERTY LOCATION: SR 19	M Chalybeart R	<i>D</i>
			1 FEBID	LOT # <u>29</u>
Facility Type: 5FD	✓ Nev	w Expansion  Repair		
Basement?  Yes  No Basem	ent Fixtures?   Yes	☑ No		
Type of Wastewater System** 25%	O RAD Igota-	(Initial) Wastewater Flow: _	360 GPD	
(See note below, if applicable	/			
	s REDUCTION:	Enote (Repair)		
Installation Requirements/Conditions		7		
mistalization requiremental conditions	2	X		
Sentia Teals Sine (4)()()	***************************************	of each trench feet	Trench Spacing:9	Feet on Center
Septic Tank Size 1000 gallons				
Pump Tank Size gallons		be installed on contour at a	ACCURATE CONTRACTOR OF THE PROPERTY OF THE PRO	nches
		nch Depth of: 30-5/8 inches	Professional Control of the Control	
		ms shall be level to +/-1/4"	36" above the trench bott	om)
	in all directio	ns)	,	
Pump Requirements:ft. TDH vs.	GPM		6	inches below pipe inches above pipe
			Aggregate Depth:	inches above pipe
Conditions:				1 Z inches total
- Conditions				
++W F H I I I I I I I I I I I I I I I I I I	untary time enseited is	different from the type energified on the	annlication I account the specific	ications of this normit
**If applicable: I understand the s	istem type specified is t	different from the type specified on the	аррисации. Тассере ше зрест	cations of this permit.
			D :	
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation	if the site plan, plat, or the	e intended use changes. The Construction Author	ization shall not be transferred when th	here is a change in ownership
of the site. This Construction Authorization is subject t	o compliance with the provis	ions of the Laws and Rules for Sewage Treatmen	nt and Disposal and to the conditions of	of this permit.
	5 K	M. 1 12	SEE ATT	ACHED SITE SKETCH
Authorized State Agent:	20/	Date:	1077-06	
	Co	Date:	Date: 10-17-11	

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	SN 1429 Chally b	entoRD
ISSUED TO: Brian Johnson Bulden	SUBDIVISION _	DESTERRESID	LOT # 29
Authorized State Agent and Emml	Aene	Date:	10-17-06

