HTE# 06-500-15934R PHa...tt County Department of Public Health

25358

Improvement Permit A building permit cannot be issued with only an Improvement Permit

A building permit of	PROPERTY LOCA	TION: 111	I CHIIIL	
ISSUED TO: AOX Partners	SUBDIVISION	Colonial	4.115	LOT # /J
NEW REPAIR EXPANSION	JODDITISION _		uired prior to Construction Au	California III I
Type of Structure: SFD-40x65-3BR		site improvements requ	anca prior to construction Ac	Tenorization issuance.
Proposed Wastewater System Type: Purp to 25%. Ad-	ction			
Projected Daily Flow: 360 GPD 33.	ster			
Number of bedrooms:3 Number of Occupants:(max			
Basement Tes No				
Pump Required: ✓ ☐ No ☐ May be required based on fin:	al location and eleva	ations of facilities		
Type of Water Supply: Community Public Well Div	stance from well	100 feet	, Permit valid for	r: Five years
Permit conditions: Mectonsite For Final 6	most n	MANIATINA	Sethacks	☐ No expiration
	5			T Constant
			Rey	
Authorized State Agent::	Date:	03-22-29	3-16-09 SEE	E ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of				
site is subject to revocation if the site plan, plat, or the intended use changes. The Improven	nent Permit shall not be	affected by a change in owner	rship of the site. This permit is subje	ect to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
		a * 2		
Cons	struction Au	ithorization		
	(Required for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1			into this permit and shall be met. S	ystems shall be installed in accordance
with the attached system layout.				
ISSUED TO: AOK PARTNERS	DDODEDT	LOCATION: /// 6		
1330ED 10: 1701- [FA 171C/C)	The state of the s		1 1/11/1	107 # 1
Facility Type: SFD- 40x65-3BR & Ne	SUBDIVISI		1 71.113	LOT # <u>/</u> S
, ,,		sion 🗆 Repair		
Basement? Yes Basement Fixtures? Yes	No.)		21
Type of Wastewater System** Vypt 25%. 160	d-cton so	iten	(Initial) Wastewater Fl	low: 360 GPD
(See note below, if applicable	1 1			
Pump t, 257-16	duction sy	(Repair)		
Installation Requirements/Conditions Number of tr	renches			
	of each trench	1 KU feet	Trench Spacing:	Feet on Center
	ll be installed on o		Soil Cover:	inches
	ench Depth of: 1	8 inches	(Maximum soil cover s	
	oms shall be level	- Cod North Code	36" above the trench	
		10 17-174	Jo above the trench	Dottollij
in all direction	ווכן			to the deducer to a
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
				
**If applicable: I understand the system type specified is different from	om the type specif	ied on the application.	I accept the specifications	s of this permit.
				3 6 1
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended	use changes. The Constru	uction Authorization shall not b	be transferred when there is a chang	ge in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules				SEE ATTACHED SITE SKETCH
<u> </u>				1. 124.9
Authorized State Agent:		Data	03-22-29	Jun 3-16-37
	A I		27 22 20	
/ (0	onstruction Autho	rization Expiration D	ate: 03-02-20	2/7 2-10-03/9

Harnett County Department of Public Health Site Sketch

	ISSUED TO: _AOk	Partners	PROPERTY LOCATO	N: ///6 Coloning	H.115 LOT#	15
	Authorized State Agent:	9 wan	20BDIAI2ION		07.07.09 Pend	
		27	l			
	100 6	20 FW		331	- Meet onlite For Final L	
				/_	For Final L	Ayo-t
	Septic EAsement For Ut	*		/ / /	Maintain All.	
	Lit		/		Fritall 185 4	25%
	75		/	/ /	Reduction system. 18 to 24" Deep.	AT
	1		/	/	101321 17	
	_32 _1		, /	/		
549						
	100	47		8		
	\$2,37,	T	5. L2b			
	Repair	1	8 Exment			
	Cos AMA	+/1				
	25%.	E 133				
	1 / /	135	$\begin{pmatrix} \dot{q} \\ \delta \end{pmatrix}$			
	10 75'					
		140				
		Colonial H	1/1s Daive	TOSA 1116	7	