HTE# 06.500 15964 Harnest County Department of Public mealth 23392

Improvement Permit

A b	uilding permit cannot be issued with only an Improvement F	Permit		
ISSUED TO: AOK Partners	PROPERTY LOCATION:	1.11.6	47	
155020 10:		H.115	LOT # 94	
NEW S REPAIR EXPANSION	7 B C	ired prior to Construction Authoriz	ation Issuance:	
Type of Structure: SFO - 40 x 65 Proposed Wastewater System Type: 25 % Red-				
7	die 321			
Projected Daily Flow: GPD Number of bedrooms: Number of Occupa	nts: 6 max	· · · · · · · · · · · · · · · · · · ·		
Basement Tes No	illsillax			
, ,	ed based on final location and elevations of facilities			
Type of Water Supply: Community Public		Permit valid for:	Five years	
	Andam All Jet Backs		☐ No expiration	
5740 at Plumbing St	Allou			
8				
Authorized State Agent: Date: Date: Date: Date: SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate 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 shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
Construction Authorization				
The construction and installation requirements of Pules 1950 19	(Required for Building Permit) 952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated	hy references into this permit and s	hall he met Systems shall he	
installed in accordance with the attached system layout.	52, 1754, 1755, 1750, 1757, 1750. and 1757 are incorporated	by references into this permit and s	nan be met. Systems shan be	
ISSUED TO: ADE PACTORES PROPERTY LOCATION: 116				
	SUBDIVISION COLONIA	(H.11)s	LOT # 46	
Facility Type: SFO YOX 65 3DR New Expansion Repair				
Basement? Yes No Basement, Fixtures? Yes No				
Type of Wastewater System** 25% (Reduction System (Initial) Wastewater Flow: 763 GPD				
(See note below, if applicable \square)				
(see note seron, in approach =)	360 LF (Repair)			
Installation Requirements/Conditions	(,			
		1		
Septic Tank Size DD gallons	Exact length of each trench 1x225 feet	Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on contour at a		inches	
Tump rank size gamens		(Maximum soil cover shall		
	(Trench bottoms shall be level to +/-1/4"	36" above the trench both		
	in all directions)	Jo above the trenen bot	,	
Pump Requirements:ft. TDH vs			inches below pipe	
Tump Requirements.	_ 0111		inches above pipe	
Conditions:		Aggregate Deptil.	inches total	
Conditions:			menco total	
**If applicable: / understand the system type	pe specified is different from the type specified on the	application. I accept the specif	ications of this permit.	
Owner/Legal Representative Signature:		Date:		
Owner/Legal Representative Signature: Date: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership				
of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.				
Authorized State Agent: Date: 1-5-3 C SEE ATTACHED SITE SKETCH				
Authorized State Agent:				
7	Construction Authorization Expiration D	ate: 11-9-2011		

Harnett County Department of Public Health Site Sketch

ISSUED TO: Anh Partners	PROPERTY LOCATON: 116 SUBDIVISION Colonial Hills LOT # 46
Authorized State Agent:	Date: _ 1\-% -06
Meet onlike maintain All sets	Pricks 90'
574B of Plumbing Shallow L	shere shows
At ground level orhole	
Znstall 1x225 125% Red-ton sot	357
A+ 18"	90'
	75-75
	25 / 444
	7- \
	95
199	Puth at
25	clipa at
	as Needed
65	//
140	
57	57
1	
7 36	
11	4
John Court	