## HTE# 06.500 1607212 Hai t County Department of Public Salth 23420

**Improvement Permit** 

0 1	ling permit cannot be issued wit	th only an Improvemen TION: SR 122		
ISSUED TO: NEW A REPAIR DE EXPANSION D	SUBDIVISION _		(17.56 Az)	LOT # -
NEW REPAIR EXPANSION D	7		equired prior to Construction Aut	norization Issuance:
Type of Structure: GRARAGE Lit   Bed No.	- MARTINE			
Proposed Wastewater System Type:	Conventional			
Projected Daily Flow: 240 GPD MIN				
Number of bedrooms: Number of Occupants:				
Basement Yes No				
Pump Required: ☐Yes ☑ No ☐ May be required	based on final location and elev-	ations of facilities		-
Type of Water Supply:   Community Public   Public	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions: STUB O+ Plumbing	Shallow - At	ground 1	coll ornigher	☐ No expiration
Where shown - mainta	in HII STY DACK	) - price	Permit valid for:	
Authorized State Agent:: The issuance of this permit by the Health Department in no way gua their requirements. This site is subject to revocation if the site plan, permit is subject to compliance with the provisions of the Laws and	arantees the issuance of other perm plat, or the intended use changes.	its. The permit holder is The Improvement Permit	responsible for checking with approp shall not be affected by a change in	
	Construction Au	ıthorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958	and .1959 are incorpora	ated by references into this permit a	nd shall be met. Systems shall be
installed in accordance with the attached system layout.	nnonent	V LOCATION (D)	224	
ISSUED TO: Robert a melania Ho	PROPERI	Y LOCATION: 3 N	7274	107.4
Facility Type: GARASE with   Br. Apparent Basement?   Yes   D. No Basement Fixtures Type of Wastewater System**   Conventional (See note below, if applicable   D)	New Expar	wastewater Flow:  (Repair)	r	LOT #
Installation Requirements/Conditions	1	_(,		
Pump Tank Size gallons Ti	xact length of each trench \( \) renches shall be installed on laximum Trench Depth of: \( \) \[ \] \[	contour at a $\sqrt{2}$ inches	Soil Cover: 6	
	GPM			6 inches below nine
Tump Requirements.	JI 11		Aggregate Depth:	inches below pipe inches above pipe
Conditions:			Aggregate Deptil.	inches total
**If applicable: I understand the system type	specified is different from the	type specified on the	he application. I accept the sp	ecifications of this permit.
Owner/Legal Representative Signature:				
This Construction Authorization is subject to revocation if the site plants of the site. This Construction Authorization is subject to revocation if the site plants of the site.	an, plat, or the intended use chang	es. The Construction Auth	orization shall not be transferred wh	en there is a change in ownership
of the site. This Construction Authorization is subject to compliance Authorized State Agent:	1.	_	SEE	ATTACHED SITE SKETCH
Authorized State Agent:	Sanatamatica Austr	Date	12-01-06	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Robert & Mel	PROPERTY LOCATON:	
Authorized State Agent:	M	Date: 1231-06
7		Thui) A 17.56 AR TRANS
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		5'30
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ect onsite for Fina	LAYOUT	LCP Repair
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