HTE# 06-5-16121

Harnest County Department of Public Issueth 23896

Improvement Permit

A building perm	mit cannot be issued with only an Improvement Permit
C155 \\1	PROPERTY LOCATION: TRUELOVE RD SURDIVISION JONASHAN ROCE LOT # 2
	30001131011
NEW REPAIR C EXPANSION C	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 550 (491×48)	
Proposed Wastewater System Type: 25% REDUCTION	
Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8	
	max
	on final location and elevations of facilities
Pump Required: □Yes □ No □ May be required based on Type of Water Supply: □ Community ➤ Public □ Well	
D	No expiration
Termit conductions.	
Authorized State Agent:	Date: 5,907 SEE ATTACHED SITE SKETCH
19	the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
	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	
Co	onstruction Authorization
<u></u>	
	(Required for Building Permit)
	.1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be
installed in accordance with the attached system layout. ISSUED TO: Scott LEE HOMES	PROPERTY LOCATION: TOUBLOVE RD
1330ED 10:	
Facility Type: SFO (49'×48')	
	New Expansion Repair
Basement? Yes No Basement Fixtures?	
Type of Wastewater System** 25% REDUCTION	(Initial) Wastewater Flow: Lys C GPD
(See note below, if applicable)	
PEBES (W PUM	(Repair)
Installation Requirements/Conditions	
	4 TRENCHES
Septic Tank Size 1000 gallons Exact len	ngth of each trench feet
,	shall be installed on contour at a Soil Cover: inches
0	n Trench Depth of: 12 inches (Maximum soil cover shall not exceed
	bottoms shall be level to +/-1/4" 36" above the trench bottom)
	AND WHEN SHOW THE PROPERTY OF
in all dir	
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	ed is different from the type specified on the application. I accept the specifications of this permit.
7 77	
Owner/Legal Representative Signature:	Date:
	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 revocation if the sampliance with the	provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 5 9 07
nutilotized state usein.	Construction Authorization Expiration Date: 5 9 12

Harnett County Department of Public Health Site Sketch

