## Harnett County Department of Public Health

HTE# 06-5-16210R-2R12

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A building permit cannot be issued with only an Improvement Perr	A	building	permit	cannot	be	issued	with	only	an	Improvement	Perm
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	PROPERTY LOCATION: NC40	
ISSUED TO: CAL BOLZ	SUBDIVISION SHERMAN	
NEW REPAIR EXPANSION	Site Improvements re	equired prior to Construction Authorization Issuance:
Type of Structure: SFO (55××48)		
Proposed Wastewater System Type: Pume To CONVENTIONN Projected Daily Flow: 240 GPD		
Number of bedrooms: Number of Occupants:	max	
Basement $\Box$ Yes $\bowtie$ No		
Pump Required: 🗷 🛛 No 🛛 May be required based on final I	ocation and elevations of facilities	
Type of Water Supply: 🗆 Community 💢 Public 🔲 Well Distar	ice from well <u>100</u> feet	Permit valid for: 🛛 🔀 Five years
Permit conditions:		No expiration
Authorized State Agent::	5 Date: 3/2/12	
The issuance of this permit by the Health Department in no way guarantees the issuance of the		SEE ATTACHED SITE SKETCH
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 own	ership 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.		
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Lonstr	uction Authorization	
	<u>uired for Building Permit)</u>	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	.1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: CPAL BOLZ	PROPERTY LOCATION: NO	5 401
	SUBDIVISION SHERMAN	PINES LOT # 19
Facility Type: SFO(5254) X New	🗧 🗆 Expansion 🛛 🗆 Repair	
Basement? 🗆 Yes 🖾 No 🛛 Basement Fixtures? 🗀 Yes	X No	•
•	NTIONAL	(Initial) Wastewater Flow: <u>&amp;40</u> GPD
(See note below, if applicable $\Box$ )		
	(Repair)	
Installation Requirements/Conditions Number of trend		0
	each trench <u>180</u> feet	Trench Spacing: $\underline{\gamma}$ Feet on Center
	installed on contour at a	Soil Cover: 12 inches
	Depth of: <u>22</u> inches	(Maximum soil cover shall not exceed
	shall be level to +/-1/4"	36" above the trench bottom)
in all directions)		
Pump Requirements:ft. TDH vs GPM		inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI		REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE#		
**If applicable: I understand the system type specified is different from a	the type specified on the application	. I accept the specifications of this permit.
	,, , , ,, ,,	, , ,
Owner/Legal Representative_Signature:		
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of		

Construction Authorization is Subject to compliance with the provisions of the Lane and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization Expiration Date: 2)2/12	

