HTE# 06-5-16366

## Harnest County Department of Public scalth 23501

**Improvement Permit** 

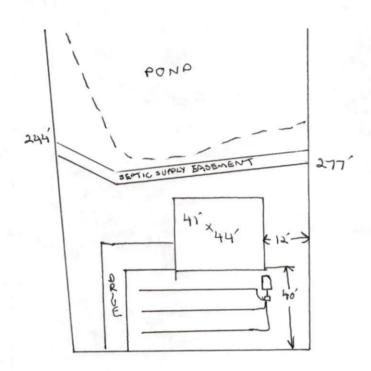
Number of Decupants:
Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO (AN'X4A')  Proposed Wastewater System Type: GPD  Number of Dedrooms: GPD  Number of Dedrooms: Mumber of Occupants: Max  Basement Yes No  Pump Required: Yes No  Pump Required: Yes No  Pump Required: State Agent:: Five years  Permit conditions: SEE ATTACHED SITE SKETCH  The issuance of this permit by the Health Department in no way guaranties the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meet 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  (Required for Building Permit)  The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall installed in accordance with the attached system layout.  SUBDIVISION Manife Ber Roce LOT # 17  Facility Type: STO (11'A41)  Repair No Basement Fixtures? Yes No Basement Fixtures? Yes No Wey Expansion Repair  Subspect of PD  (See note below, if applicable   )
Proposed Wastewater System Type:  GPD  Number of Decrupants:  Number of Decrupants:  Mumber of Occupants:  Mum
Projected Daily Flow:   SGO   GPD   Number of Occupants:   Sasement   Yes   No   Number of Occupants:   Sasement   Yes   No   May be required based on final location and elevations of facilities   Type of Water Supply:   Community   Public   Well   Distance from well   Soo   feet   Permit valid for:   Five years   Permit conditions:   Date:   Date:
Number of bedrooms:   3
Basement   Yes   No   No   May be required based on final location and elevations of facilities  Type of Water Supply:   Community   Public   Well   Distance from well   See   Permit valid for:   Five years  Permit conditions:   Date:   18   C   SEE ATTACHED SITE SKETCH  The issuance of this permit by the Health Department in no way guarantee the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meet 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   (Required for Building Permit)
Pump Required:   Yes
Permit valid for:   SEE ATTACHED SITE SKETCH   No expiration
Authorized State Agent::    Date:   No expiration
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The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall installed in accordance with the attached system layout.  ISSUED TO:   PROPERTY LOCATION:   SUBDIVISION   PROPERTY LOCATION:   SUBDIVISI
PROPERTY LOCATION: OLD US42    SUBDIVISION MANIE BELL RIOGE LOT # 47   Facility Type: SFO (41'x44')   New   Expansion   Repair   Basement?   Yes   No Basement Fixtures?   Yes   No   Type of Wastewater System**   2570 ROUGION SYSTEM (Initial)   Wastewater Flow: 360   GPD   G
PROPERTY LOCATION: OLD US42
Facility Type: STO (41'×44)  New   Expansion   Repair  Basement?   Yes   No Basement Fixtures?   Yes   No  Type of Wastewater System**   25% ROUGION SYSTEM (Initial)   Wastewater Flow: 360   GPD  (See note below, if applicable
Facility Type: S=0 (41/244)
Basement?  Yes No Basement Fixtures?  Yes No  Type of Wastewater System**  2570 ROUGION SYSTEM (Initial)  Wastewater Flow: 360 GPD  (See note below, if applicable  )
Type of Wastewater System** 25% ROUGION SYSTEM (Initial) Wastewater Flow: 360 GPD (See note below, if applicable )
(See note below, if applicable □)
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Installation Requirements/Conditions 3 TRENCHES
5 1 1 5 1 5 5 5 6 6 6 7 1 5 6 6 6 7 1 5 6 6 6 7 1 5 6 6 7 1 5 6 7 1 5 7 1
Septic Tank Size VOOO gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: 24 inches
Maximum Trench Depth of: $36-18$ inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements:ft. TDH vs GPM inches below p
Aggregate Depth: inches above
Conditions: inches to
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
T understand the system type specimed is different from the type specimed on the application. Takeept the specimeations of this perime
Owner/Logal Penrecentative Construct
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 owners.
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14/2/21
Authorized State Agent: Date: 12/18/06

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: Owo 0542)

SUBDIVISION MAMIE BELL RIOGE LOT # 47



SUPPLY LINE TO REPAIR AREA ALREADY INSTALLED

