HTE# 07-50016518 Harnett County Department of Public Health 2360

Improvement Permit

	A building permit cannot be issued with only an Improveme	nt Permit
ISSUED TO: CAVINCI & CATCI	PROPERTY LOCATION: 1141 SUBDIVISION THE Sumi	n.+
		required prior to Construction Authorization
Type of Structure: SFO - S6x 6 Y	4 BR	
Proposed Wastewater System Type: 25%- Medical	tion system	
Projected Daily Flow: 480 GPD		
Number of bedrooms: Number of Occi	upants: <u>&</u> max	·
Basement 🗆 Yes 😾 No		
Pump Required: □Yes No □ May be req	uired based on final location and elevations of facilities	
Type of Water Supply: 🗆 Community 💆 Public	□ Well Distance from well <u>50</u> feet	Permit valid for: 5
Permit conditions: 57480+ Flum	Well Distance from well 30 feet sing shallow where shown ((at ground levelorhishr)
MAINTAIN All SHBACKS	meet soute	
Authorized State Agent:	Date: 01-19-07	SEE ATTACHED
	ray guarantees the issuance of other permits. The permit holder is	responsible for checking with appropriate gove
	plan, plat, or the intended use changes. The Improvement Permit	
permit is subject to compliance with the provisions of the Law	s 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 incorpor	rated by references into this permit and shall b
installed in accordance with the attached system layout.		
ISSUED TO: <u>CAMMOSI & CATES</u>	PROPERTY LOCATION: 115 SUBDIVISION The June	{
	subdivision The Jun	nmit
Facility Type: SFD - 56264 - 438	New 🗆 Expansion 🗀 Repai	r
Racoment? Vac SO No Racoment Fi	vturne? T Vac W No	
Type of Wastewater System** 25% Red-c	tion 15 to (Initial) Wastewater Flow:	430 GPD
(see note below, if applicable $\frac{3a}{12}$	3 LPP (Repair)	
Installation Requirements/Conditions		
•		
Septic Tank Size 1000 gallons	Exact length of each trench 1×210 feet	Trench Spacing: Feet
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inches
, , , , , , , , , , , , , , , , , , , ,	3 m d	s (Maximum soil cover shall not ex
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs		
rump neganements.	OTT	Aggregate Depth:
Conditions:		nggregate beptil.
**If applicable: I understand the system	type specified is different from the type specified on th	he application. I accept the specification
0 4 10 2 2		D .
Owner/Legal Representative Signature:	ite plan, plat, or the intended use changes. The Construction Author	Date:
rms construction Authorization is subject to revocation if the s of the site. This Construction Authorization is subject to council	ite plan, prat, or the intended use changes. The Construction Autho ance with the provisions of the Laws and Rules for Sewage Treatm	orization snaw not be transferred when there is ent and Disposal and to the conditions of this
1	n C	SEE ATTACHE
Authorized State Agent:	Nata Nata	:01-19-07
The state of the s	Construction Authorization Expiration	
i	construction number Lation Expiration	Dutt. V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Harnett County Department of Public Health Site Sketch

