HTE#07-5-16641

## Harnett County Department of Public Health 24050

Improvement Permit

	A building permit ca	nnot be issued w	th only an Improvemen	nt Permit	
ISSUED TOY TOM DEURIOPENS	7:1/	PROPERTY LOC	ation: 512/440	JAMES NORMIS	
/	INSION []	ZORDIAIZION \	AUTOMN Po		LOT # <u>6</u>
Type of Structure: SED			site improvements re	equired prior to Construction Auth	iorization Issuance:
Proposed Wastewater System Type: 25% RFA	DUCTION IST				
Projected Daily Flow: 360 GPD					
	Occupants: 6	max			
Basement Tyes No	•				
Pump Required: □Yes ☑ No □ May be i	required based on final	location and elev	ations of facilities		
Type of Water Supply:  Community Publi	ic 🗌 Well Dista	ance from well	feet	Permit valid for:	☑ Five years
Permit conditions:	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				☐ No expiration
	na i k	7 ~~			
Authorized State Agent:	ANLANT	Date:	2-14-07	, SEE A	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no	o way guarantees the issua	ance of other permi	ts. The permit holder is re	esponsible for checking with appropri	ate governing hadies in meeting
their requirements. This site is subject to revocation if the s	site plan, plat, or the inte	ended use changes. '	The Improvement Permit s	shall not be affected by a change in	ownership of the site. This
permit is subject to compliance with the provisions of the L	aws and Kules for Sewage	Treatment and Dis	posal and to conditions of	f this permit.	
	C		.1		
	Const	ruction Au	<u>thorization</u>		
•	(Re	<u>equired for Build</u>	ing Permit)		
The construction and installation requirements of Rules .1950 installed in accordance with the attached system layout.	0, .1952, .1954, .1955, .1	956, .1957, .1958.	and .1959 are incorporat	ed by references into this permit and	l shall be met. Systems shall be
BULLION TO THE TOTAL TOTAL POR	3 40 C	PROPERTY	LUCATION:_YZ /4	40 JAmos NOW	ub.
ISSUED TO: TOM DEVELOPEN		ZORDIAIZIO	IN Avrona	1 POINT	LOT # <u>6</u>
racinty type.	New	LX pan:	sion 🗆 Repair		
Basement? Yes No Basement	Fixtures?  Yes	□ No		-	
Type of Wastewater System** 25% REDU	10110Nasto	<del>_(I</del> nitial)	Wastewater Flow: _	<u>360</u> GPD	
(See note below, if applicable □)	/	_			
LS HOKEVI	UCTION Systa		_(Repair)	80-25% RFD	
Installation Requirements/Conditions	/		- 2V	80-20/81415	
		4 x	Con	_	
Septic Tank Size 1000 gallons	Exact length of	each trench	75 feet	Trench Spacing:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be			Soil Cover:	inches
	Maximum Trench	Depth of:	28'' inches	(Maximum soil cover shall	not exceed
	(Trench bottoms	shall be level to	+/-1/4"	36" above the trench bot	
	in all directions)				,
Pump Requirements:ft. TDH vs	GPM			4	, inches helow nine
				Aggregate Depth: 2	inches above nine
onditions:				00 0 1	12 inches total
					-/ menes total
*If applicable: / understand the system	type specified is diffe	erent from the t	ype specified on the	application. I accept the specil	fications of this permit
wner/Legal Representative Signature:  is Construction Authorization is subject to revocation if the		<del></del>		Date:	
nis Construction Authorization is subject to revocation if the	site plan, plat, or the into	anded use changes.	The Construction Authoriza	ation shall not be transferred when t	here is a change in ownership
the site. This Construction Authorization is subject to compl	liance with the provisions	of the Laws and Ri	iles for Sewage Treatment	and Disposal and to the conditions	of this permit.
57	M. $I$ $L$	ORSI		SEE ATT	FACHED SITE SKETCH
uthorized State Agent: Sy	1 HANHARY		Date: _	7-14-67	
//	Consti	ruction Authoric	ration Expiration Da	1ta: 7~14~ 17	

	HTE#	07	-5-	16641	
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Permit # 24050

## Harnett County Department of Public Health Site Sketch

		5121440 JAmes		20
ISSUED TO: <u>IOM DEVELOPENS</u> INC	SUBDIVISION 🗡	Whoma Point		LOT # 💪
Authorized State Agent: amo Manha			2-14-67	
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