## HTE# 07-5-1664412 Harnett County Department of Public Health 23741

## **Improvement Permit**

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: SCHILLO STAMES NOTICE  PROPERTY LOCATION SCHILLO STAMES NOTICE  PROPERTY LOCATION SCHILLO STAMES NOTICE  PROPERTY NOTICE STAMES NOTICE  PROPERTY NOTICE STAMES NOTICE S					
ISSUED TO: IOM DEVELOPER	S INC. SUBDIVISION	A	Pourt	LOT # 8	
	SION 🗆		required prior to Construction Authori		
Type of Structure: SFD		,		zadon issegnee.	
Proposed Wastewater System Type: 25% CBD	Systa				
Projected Daily Flow: 360 GPD	•				
Number of bedrooms: Number of Occ	cupants: max		,	· · · · · · · · · · · · · · · · · · ·	
Basement Yes No					
Pump Required: ☐Yes ☐ No ☐ May be rea	quired based on final location and elev	vations of facilities		_	
Type of Water Supply:  Community Public Permit conditions:	Well Distance from well _	SO feet	Permit valid for:	Five years  No expiration	
Authorized State Agent: Jume EN	Tomportons Date:	3 - 0	37	Files Comp Current	
The issuance of this permit by the Health Department in no v	way guarantees the issuance of other perm	its. The permit holder is	responsible for checking with approximate	CHED SITE SKETCH	
then requirements. This site is subject to revocation if the site	e plan, plat, or the intended use changes.	the Improvement Permit	shall not be affected by a change in au-	governing bodies in meeting	
permit is subject to compliance with the provisions of the Law	vs and Rules for Sewage Treatment and Dis	sposal and to conditions	of this permit.	nership of the site. This	
	Construction Au	thorization			
	(Required for Build	ling Permit			
The construction and installation requirements of Rules .1950, installed in accordance with the attached system layout	.1952, .1954, .1955, .1956, .1957, .1958	and 1959 are incorpora	tad by references into this normic and al-		
ISSUED TO: FOM DEUGIOPS	25 INC. PROPERTY	y location: 🌌	1440 JAMES NO S Post	mas	
	SUBDIVISI	ON Astron	s Poxx	101 # 🛠	
Facility Type: SFD	New Expan			LOT#	
Basement? 🗌 Yes 🛛 No Basement Fit	xtures? Yes No	зюн 🗀 перан			
Type of Wastewater System** 25% RED	Systa (Initial)	Wastewater Flow: _	71.1 cm		
(See note below, if applicable ()	- JA - (mitial)	Wastewater Flow.	Flat GPD		
25% RB1	Sicke	(Damain)			
nstallation Requirements/Conditions	- 45-2-	(Repair)			
The state of the s	3人				
Septic Tank Size 1000 gallons		07	0		
	Exact length of each trench	60 feet	Trench Spacing:	eet on Center	
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover: 6 inc	ches	
	Maximum Trench Depth of:	29 inches	(Maximum soil cover shall no	t exceed	
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench bottor		
	in all directions)			,	
ump Requirements:ft. TDH vs	GPM		6	inches below pipe	
			Aggregate Depth: 12	inches below pipe	
onditions:			Aggregate Deptil.	inches above pipe	
				<b>2</b> inches total	
*If applicable: I understand the system ty	rpe specified is different from the t	type specified on the	application. I accept the specifical	tions of this permit.	
wner/Legal Representative Signature:  is Construction Authorization is subject to revocation if the site the site. This Construction Authorization is subject to complian	e plan, plat, or the intended use changes	The Construction Authori-	valt.		
the site. This Construction Authorization is subject to complian	nce with the provisions of the Laws and Ri	ules for Sewage Treatment	and Disposal and to the conditions of all	e is a change in ownership	
•		-			
uthorized State Agent James E	Manhanter	Date: _	2/2/cm	HED SITE SKETCH	
7	Construction Authoriz	zation Evniration N	2/2/2/2012		
u	construction Authorn	cauvii expiration Di	ate:		

	HTE#	07-5-	166	44R
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## Harnett County Department of Public Health Site Sketch

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ISSUED TO: IOM DEVELOPERS INC	SUBDIVISION Auturn	Posot	LOT # B
Authorized State Agent pomes & Monkon	fors	Date: <u>3-2-</u>	•7

