HTE# 07-5-1665Z

Harnett County Department of Public Health 23709

Improvement Permit

	PROPERTY	LOCATION: <u>32 1440 T</u>	rmit	
ISSUED TO: IOM DEVELOPERS	INC SUBDIVISIO	N Autumn Poz	wt	LOT # 16
NEW ☑ REPAIR □ EXPA	nsion 🗆		ed prior to Construction Authori:	zation Issuance:
Type of Structure: SFN			The second second reading to	tation issuance.
, ,	stional			
Projected Daily Flow: 360 GPD				
	Occupants:max		,	
Basement Yes No				
Pump Required: ☐Yes ☐ No ☐ May be !	required based on final location and	elevations of facilities		
Type of Water Supply: Community Publication	c 🗌 Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Authorized State Agent: Dames M	putanties Date	24/07		
The issuance of this permit by the Health December in	nucleary Date	: <u>2-14-07</u>	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no their requirements. This site is subject to revocation if the	way guarantees the issuance of other period was above	ermits. The permit holder is respon	sible for checking with appropriate	governing bodies in meeting
their requirements. This site is subject to revocation if the s permit is subject to compliance with the provisions of the L	aws and Rules for Sewage Treatment and	es. The improvement Permit shall to Disposal and to conditions of this	not be affected by a change in own nermit	ership of the site. This
			print.	
	<u>Construction</u> <i>I</i>	<u>Authorization</u>		
	(Required for Bu	uilding Permit)		
The construction and installation requirements of Rules .1950	0, .1952, .1954, .1955, .1956, .1957, .19	58. and .1959 are incorporated by	references into this permit and sh	all be met. Systems shall be
mataned in accordance with the attached System (240ff.				
ISSUED TO: TOM DEUCIOPERS	+NC PROPE	rty location: <u>5/2/49</u>	O Tomes Norm	is
P. 10. T. S. P. S. P.	SUBDIV	ISION Hotomas Po	ut	LOT # <u></u>
Facility Type: SFO		ansion 🗌 Repair		
	Fixtures? 🗆 Yes 🗆 No			
Type of Wastewater System** Convert	Vo~a (Initial)	Wastewater Flow: 30	60 GPD	
(See note below, if applicable 🗆)	. 0			
Conven	tional	(Repair)		
nstallation Requirements/Conditions		, ,		
	3 x			
ieptic Tank Size <u>1000</u> gallons	Exact length of each trench	100 feet Tre	ench Spacing: F	eet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on			thes
·	Maximum Trench Depth of:		Maximum soil cover shall not	
	(Trench bottoms shall be leve		•	
	in all directions)	1 10 - 17-174	36" above the trench botton	n)
rump Requirements:ft. TDH vs	GPM		4	
			gregate Depth: 7	inches below pipe
onditions: 3-3/4 SCH40 VALUES	75/20 715 0	Ag	gregate Depth:	inches above pipe
onditions. The property of the	13 of a supply			inches total

*If applicable: I understand the system	type specified is different from th	e type specified on the appli	ication. I accept the specifical	tions of this permit.
wner/Legal Representative Signature:			Date:	
is Construction Authorization is subject to revocation if the	site plan, plat, or the intended use chang	es. The Construction Authorization	shall not be transferred when there	is a change in summer time
the site. This Construction Authorization is subject to compl	iance with the provisions of the Laws and	Rules for Sewage Treatment and	Disposal and to the conditions of ri	his permit
uthorized State Agent: James	C PlANKANXIO	Date:	2-14-67	viin viibibil
	Construction Author	rivation Euripation Descri	2 11/ 11	_

HTE# 07-5-16652	HTE#	07-5-	16652
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Permit # <u>23709</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	SR1440 JA	mo Nora	us RD
ISSUED TO: <u>IOM DEVELOPERS INC</u>	SUBDIVISION <u>/</u>	Autumn Pos	ω <i>†</i>	LOT # _/le
Authorized State Agent James C Manhan		Date:		

