HTE#_07-5-16694

Harnett County Department of Public mealth 23540

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

_	N A		PROPERTY LOCA	TION:		
	6 MATHEN		_ SUBDIVISION _	WHITEPINGS	- 12 - AL	LOT # _7
Type of Structure: 5 F	D (48' x56.		_	Site Improvements requ	ired prior to Construction Auth	orization Issuance:
		EDUCTION SYSTEM	_			
Projected Daily Flow:						
Number of bedrooms:		of Occupants: 6	_max			
	Ĭ No	he marked based on final	المسام المسام	sions of facilities		
		be required based on final Public Well Dista			Permit valid for:	Five years
Permit conditions:		rubiic 🗀 Weii Dista	ince from wen	leet	Terrific valid for.	☐ No expiration
-	M					
Aught in A Carry Amore	1.	11/11/1 23	Date	2/23/07	CEE I	ATTACHED SITE SKETCH
Authorized State Agent:: _	by the Health Department				ponsible for checking with appropri	
					all not be affected by a change in	
		the Laws and Rules for Sewage				
		Const	ruction Au	thorization		
		(Re	quired for Build	ing Permit)		
The construction and installa	ition requirements of Rule				d by references into this permit as	nd shall be met. Systems shall be
installed in accordance with						
ISSUED TO: _ CRA	OG MATTHE	NS	PROPERTY	LOCATION:		
		` .	SUBDIVISI	ON WHITE F	INES	LOT #
Facility Type: 585) (48 ×56.6	New	☐ Expan	sion 🗆 Repair		
Basement? Yes		ment Fixtures? Yes				
Type of Wastewater Sy	stem** 25%	REDUCTION SYSTEM	(Initial)	Wastewater Flow:	360 GPD	
(See note below, if app	olicable X	To 25% REDUC	TION SYSTE	co (Renair)		
Installation Requiremen	THE RESERVE OF THE PARTY OF THE			···(nepan)		
macanacion nequiremen	W Collettions		1 TRENC	H		
Septic Tank Size 100	gallons	Evact length of	each trench	-	Trench Spacing: 9	Feet on Center
Pump Tank Size			be installed on o		Soil Cover: 6	
rump rank size	gallolis		h Depth of:		(Maximum soil cover sha	
					,	
		700	s shall be level	10	36" above the trench l	oottom)
	/. Thu	in all directions	5)			
Pump Requirements: _	tt. IDH v	s GPM				inches below pipe
					Aggregate Depth:	inches above pip
Conditions:						inches total
**If applicable:	I understand the	system type specified is di	fferent from the	type specified on the	application. I accept the spe	ecifications of this permit.
Owner/Legal Representa	ative Signature:				Date:	
This Construction Authorizat	on is subject to revocatio	n if the site plan, plat, or the i	ntended use change	s. The Construction Authoriz	zation shall not be transferred who	en there is a change in ownership
of the site. This Construction	Authorization is subject	to compliance with the provision	ns of the Laws and	Kules for Sewage Treatmen	t and Disposal and to the condition	
	The state of	1 Male		D		ATTACHED SITE SKETCH
Authorized State Age	IC	willing of		Date:	2/3/07	
		Con	struction Autho	rization Expiration D	late: 2 23 12	

HTF#	07-5-	16694
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Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	
ISSUED TO: CRAVE MATTHEWS	SUBDIVISION WHITE PINES	LOT #
Authorized State Agent:	RS (OLIYER TOLYSDORS) Date: 2)23/07	

