HTE#07-5-16785

## Harrier County Department of Public 11th 23720

## **Improvement Permit**

A building permit can	not be issued with only a	an Improvement P	ermit	
ISSUED TO: HAMOTON CUSTOM BUILDER			2AW15 CTUB 12D	LOT # / ()
NEW REPAIR EXPANSION			red prior to Construction Autho	
Type of Structure: SFD			,	
Proposed Wastewater System Type: 25% REDuction System	_			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants: 6	_max			
Basement  Yes  No	-			
Pump Required: □Yes □ No □ May be required based on final			B : F17	
Type of Water Supply:  Community  Public  Well Dista	nce from well	feet	Permit valid for:	Five years  No expiration
Authorized State Agent: James Markant 213	Date:	3-16-07	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance	ance of other permits. The p			
their requirements. This site is subject to revocation if the site plan, plat, or the inte	nded use changes. The Impr	rovement Permit sha	Il not be affected by a change in	ownership of the site. This
Construction Authorization  [Required for Building Permit]  The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.    SUBDIVISION   PROPERTY LOCATION: SIZ 1947   Pauls Club RD				
A				
			by references into this permit and	shall be met. Systems shall be
installed in accordance with the attached system layout				
ISSUED TO: Hampton Custon Burkler	PROPERTY LOCAT	TION: 52 144	17 RAWIS CIUB	RD
	SUBDIVISION	MAGNOLIA	Cnest	LOT # _/O
Facility Type: SFP	☐ Expansion	Repair		
Basement?  Yes  No Basement Fixtures?  Yes	□ No			
Type of Wastewater System** 1590 COUCTION System	_(Initial) Wast	ewater Flow:	360 GPD	
(See note below, if applicable □)				
25% TED WITTON Syster	Jupp ren (Rep.	air)		
Installation Requirements/Conditions	, , , , , , , , , , , , , , , , , , , ,	,		
	1 X			
Septic Tank Size / UDO gallons Exact length of	each trench 240	feet	Trench Spacing: 9	_ Feet on Center
the state of the s	be installed on contour		Soil Cover: 6	inches
			(Maximum soil cover shall	
	s shall be level to +/-		36" above the trench bo	
in all direction				,
Pump Requirements:ft. TDH vs GPM	,		6	inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions: STEIDOWNS WELL BENEEDED	) (		00 0 0	inches total
Conditions.	-			
**If applicable: I understand the system type specified is di	fferent from the type s	specified on the	application. I accept the spec	cifications of this permit.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the	intended use changes. The C	construction Authoriz	ation shall not be transferred when	there is a change in ownership
of the site. This Construction Authorization is subject to compliance with the provision		or Sewage Treatment		
Authorized State Agent: The EMANLA	long	_		ATTACHED SITE SKETCH
			3-16-07	
	struction Authorizatio	n Expiration D	ate: 3-16-42	

## Harnett County Department of Public Health Site Sketch

10: Hampton Custon Builders	SUBDIVISION MA	gnotes Great	LOT # _/O
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