HTE# 07-5-1699472

Harran County Department of Public mealth

24741

Improvement Permit

A building permit cannot be issued wi	ATION: CHALYBEATE RD SR1429
ISSUED TO: RAYMOR BUILDERS INC SUBDIVISION	
The state of the s	Site Improvements required prior to Construction Authorization Issuance:
NEW X REPAIR EXPANSION Type of Structure:	site improvements required prior to construction Authorization issuance.
Proceed Westernam Suntan Trans Prime To 15% Recover-1920	
Proposed Wastewater System Type: Pume To 25% REDUCTION Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: max	
Number of bedrooms: Number of Occupants: Commax	
	resions of facilities
Pump Required: \(\times Yes\) \(\superstriangle No\) \(\superstriangle May\) be required based on final location and elever type of Water Supply: \(\superstriangle Community\) \(\times Public\) \(\superstriangle Well\) \(\superstriangle Distance from well\) \(\superstriangle Vell\)	
7.	Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agent:: Date:	5 20 08 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The perm	
site is subject to revocation if the site plan, plat, or the intended use changes. The improvement Permit shall not be	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	
Construction A	uthorization
(Required for Buil	ding Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 with the attached system layout.	are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: RAYMOR BUILDERS WC PROPERT	Y LOCATION: CHANNEGATE RD SR1429
SUBDIVIS	ION DEXTERFIELD LOT # 52
Facility Type: SED (55×60) New Expa	nsion Repair
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No	,
Type of Wastewater System** Pump To 25% REDUCTION	(Initial) Wastewater Flow: 860 GPD
(See note below, if applicable)	(IIIIII) Hasteriatei Hom 015
Pump To 25% REDUCTION	(Repair)
Installation Requirements/Conditions Number of trenches1	<u> </u>
Septic Tank Size 1000 gallons Exact length of each trench	200 feet Trench Spacing: 9 Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on	
Maximum Trench Depth of:	
(Trench bottoms shall be level	1.40
The state of the s	to 17-174 30 above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: I understand the system type specified is different from the type specified	fied on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Const	ruction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment	
Authorized State Agents	Date: 5hdex
Authorized State Agent:	Date: 5298
Construction Author	orization Expiration Date: 5/20/13

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: CHALHOGATE RD SC21429		
ISSUED TO: RAYMOR BUILDERS	SUBDIVISION DEXTERFIELD	LOT #	52
Authorized State Agent:	S (OLIVER TOLKSDORF) Date: 5/26/68		

