HTE# 07-5-17353

Harnett County Department of Public Health 23885 Improvement Permit A building permit cannot be issued with only an Improvement Permit

A	PROPERTY LOCATION: MAMIE BELL RIGGE -OW USHAI
ISSUED TO: TRAVIS WERE HOME	SUBDIVISION MAMIE BELL RIDGE LOT # 89
NEW REPAIR □ EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD (42×50)	and in provided prior to constituted in Additionation installed.
Proposed Wastewater System Type: Conversion	NAL
Projected Daily Flow: 560 GPD	
Number of bedrooms: 3 Number of Occup	ants: 6 max
Basement Yes No	
Pump Required: □Yes 💢 No 🔲 May be requi	ed based on final location and elevations of facilities
Type of Water Supply: Community Public	☐ Well Distance from well 100 feet Permit valid for: Five years
Permit conditions:	No expiration
	as who have
Authorized State Agent:	guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
The issuance of this permit by the Health Department in no way	guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
nermit is subject to compliance with the provisions of the laws	lan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This and Rules for Sewage Treatment and Disposal and to conditions of this permit.
permit is subject to compriance with the provisions of the cars	and these to sewage treatment and disposal and to conditions of this period.
	Canadauration Authoritation
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .19	152, 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.	
ISSUED TO: TRAVIS WEED HOMES	PROPERTY LOCATION: OLO US 42) SUBDIVISION MAMIE BEZZ RIOGE LOT # 89
500 (10' 250)	SUBDIVISION MAMIE BELL KIOCE LOT # 89
Facility Type: SFD (42' x56')	
Basement? Yes No Basement Fixth	ires? 🗆 Yes 🔀 No
Type of Wastewater System** CONVENTION	NAL (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	
CONVE	VT WN PL (Repair)
Installation Requirements/Conditions	
	3 TRENCHES
Septic Tank Size <u>1000</u> gallons	Exact length of each trench feet
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 12 inches
8	Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
	in all directions)
Pump Requirements:ft. TDH vs	GPM inches below pipe
rump nequirementsit. 1011 45	GPM inches below pipe Aggregate Depth: inches above pipe inches total
ri	Aggregate Depth: inches above pipe
Conditions:	
**If applicable: I understand the system typ	e specified is different from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site	plan, plat, or the intended use changes. The Construction 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 and Disposal and to the conditions of this permit.
	, SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 430 07
-	Construction Authorization Expiration Date: 430 07
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Permit # 23885

Harnett County Department of Public Health Site Sketch

