HTE# 675017474 Harnett County Department of Public Health 24155

Improvement Permit

A + + /		DECIDE DTV LOCATION		nt rermit		
ISSUED TO: Accent Home	Bulden	SUBDIVISION P		Point	10T # 8×	
NEW- REPAIR □ EX	PANSION 🗆	Site				
Type of Structure: $S \leftarrow O - 4S \times 3$	3 700	_ , _				
Proposed Wastewater System Type: 257_	Med-itin so	75.4~				
	f Occupants:	max				
Basement Yes No						
Type of Water Cureby Community 77 D	e required based on final	location and elevations	s of facilities	D	ria de Compter	
Permit conditions: MCS+ DOX	Con Con Well Distr	Ince from well	ieet	Ol Permit va	did for. Hive years	
At capacite yell or h	vilar ishor	+ 1/22-0	(m) 0~1	tan all 1.7	No expiration	
7, 0,			MAN	Test All Jet	0,	
Authorized State Agent:	M	Date: 6	25-07		SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Hoalth Department in	no way guarantees the issu	ance of other permits. Th	e permit holder is	responsible for checking with	appropriate governing bodies in meeting	
their requirements. This site is subject to revocation if the permit is subject to compliance with the provisions of the	ie site plan, plat, or the into ie Laws and Rules for Sewago	ended use changes. The Ir e Treatment and Disposal	mprovement Permit and to conditions	shall not be affected by a c of this permit.	hange in ownership of the site. This	
	Const	ruction Autho	orization			
(Required for Building Permit) e 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						
The construction and installation requirements of Rules .	Asserting typers Type: 25 7. Asserting typers: 25 7. Asser					
installed in accordance with the attached system layout.						
1330ED 10: 1120C	13-111-1			J (0. X-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Or H.				LOT # <u>88</u>	
		•	∟ Кераі	r		
		5 20 N O		71		
	ractor syx	_(Initiai) wa	istewater flow:	GPD		
(see note below, if applicable 100)	IFI LOO	(B	:A			
***************************************	0, 10,	(N6	epair)			
misualation requirements/continuous						
Septic Tank Size 1800 gallons	Evact length of	each trench / Xô	XIU foot	Tranch Spacing) Foot on Contar	
	•			' ' ' ' ' ' '		
ganons						
		•		,		
			/ - 1/ 4	TO ADOVE THE IT	encir bottoin)	
Pump Requirements: ft TDH vs		,			inakas kalass nina	
tump nequirements	Of II			Aggregate Denth	inches below pipe	
Conditions				Aggregate Depth: _		
conditions.					inches total	
**If applicable: I understand the syst	em type specified is dif	ferent from the type	specified on th	e application. I accept i	the specifications of this permit.	
Owner/Legal Representative Signature:				Date: _		
This Construction Authorization is subject to revocation if	the site plan, plat, or the in	tended use changes. The	Construction Autho	rization shall not be transfer	red when there is a change in ownership	
of the site. Hills Construction Authorization is subject to c	mpliance with the provision	s of the Laws and Kules !	for Sewage Treatme	ent and Disposal and to the	conditions of this permit.	
Authorized State Assets ()	NRI		. .	06.25.00	SEE MITACHED SHE SKEICH	
Authorized State Agent: 40 0	m.		Date:		<u> </u>	
	Cons	truction Authorizati	on Expiration	Date: Ulo NY	$N \cup I \nu$	

HTE# 07-500 17434R

Permit # 24155

Harnett County Department of Public Health Site Sketch

ISSUED TO: Accept 1 tom B-ldeni	PROPERTY LOCATON: 10 (Part	FO1 # &
\bigcap $A \land A $			
Authorized State Agent:		Date: 06 25-27	
	205		
154		I loat	27 Is 120
Meet Onsite for Fival LAyot STUBO-A Plumbing shallow, At ground level or higher where shown. Do no. Nemous Any sold dering los Maintain All set OA W	+	2 Soul	Main
At 18 to 24"	Coluction System		