HTE# 07-5-17716

Harriett County Department of Public ...alth 23979 **Improvement Permit**

A building perior can		TION: MI THOUGHOLD		
ISSUED TO: Michael Anderson Homes INC	SIIBDIVISION	MILLDRANKL	~	LOT # 12
NEW ☑ REPAIR □ EXPANSION □	_ 300011131011	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: SFD			p	
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	location and eleva	ations of facilities		/
Type of Water Supply: Community Public Well Distai			Permit valid for:	Five years
Permit conditions:	9090 AMS110 TOWN	1 56000		☐ No expiration
Authorized State Agent: James Manhanter	CSL Date:	6-26-07	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issua				
their requirements. This site is subject to revocation if the site plan, plat, or the inter-				
permit is subject to compliance with the provisions of the Laws and Rules for Sewage	Treatment and Dis	posal and to conditions of	this permit.	
Consti	ruction A	thorization		
	equired for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1	956, .1957, .1958.	and .1959 are incorporate	d by references into this permit and	shall be met. Systems shall be
installed in accordance with the attached system layout.	DDODEDT	LOCATION: // .	1/4/ . 1	
ISSUED TO: Michael Anderson Homes Inc	PRUPERI	LUCATION: 1400	401N AUCL	101 # 12
	ZORDIAIZI	UN /VIIION	ANCK.	LOT #/_2
Facility Type: SFD New	Expan	sion Repair		
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes	✓ No		1	
Type of Wastewater System** 25% REDUCTION System	_(Initial)	Wastewater Flow:	360 GPD	
(See note below, if applicable)				
25% REDUCTION System		(Repair)		
Installation Requirements/Conditions		(1 /		
	2 x			
Septic Tank Size //OOO gallons Exact length of		/ZO feet	Trench Spacing: 9	Feet on Center
	be installed on o		Soil Cover:	inches
		inches	(Maximum soil cover shall	
The state of the s	s shall be level	to +/-1/4"	36" above the trench bo	ttom)
in all directions	.)		. i	
Pump Requirements:ft. TDH vs GPM			Aggregate Depth:	inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions:			00 0 1	12 inches total
**If applicable: / understand the system type specified is dif	fferent from the	type specified on the	application. I accept the speci	ifications of this permit.
		// /	,, , , , , , , , , , , , , , , , , , , ,	,
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the in				
of the site. This Construction Authorization is subject to compliance with the provision	is of the Laws and	Rules for Sewage Treatment		
2.11	Lons		SEE A	ITACHED SITE SKETCH
Authorized State Agent: James MANhans Cons	1	Date:	676-07	
Cons	struction Author	rization Expiration D	ate: 6-26-12	

Harnett County Department of Public Health Site Sketch

SSUED TO: Michael Anderson Homes the SUBDIVISION	IN: Hury 401N	
SSUED TO: Michael Anderson Homes tok SUBDIVISION	MIIIBanuch LOT#	12
Authorized State Agent: Jane Manhont and		
Authorized State Agent: Jane Manhont	Date: 6-26-07	_

