Harnest County Department of Public smalth 24508 Improvement Permit

	A building permit camot i	OPERTY LOCATION:				
ISSUED TO: STEVEN DENNING		JBDIVISION 5 H P	The same of the sa		LOT #	30
	ION 🗆	0.00-00-00-00-00-00-00-00-00-00-00-00-00		equired prior to Construction	- Elitary State	
Type of Structure: SED (40'MS')	_		.,	1		
	UCTION SYSTEM					
Projected Daily Flow: 360 GPD						
	upants: <u>&</u> max	х			363	
Basement 🗆 Yes 📉 No.						
	quired based on final locat	tion and elevations o	f facilities			
Type of Water Supply: Community Public				Permit valid	for: 🛛 Five years	
Permit conditions:					No expirat	tion
111						
All m						
Authorized State Agent:: The issuance of this permit by the Health Department in no their requirements. This site is subject to revocation if the site.	The state of the s		permit holder is	responsible for checking with a		n meeting
permit is subject to compliance with the provisions of the Lav						
	Construc	tion Author	ization			
	the book of the second of the	red for Building Pe	Control of the Control of the Control	22 22		
The construction and installation requirements of Rules .1950,	.1952, .1954, .1955, .1956,	.1957, .1958. and .19	359 are incorpora	ated by references into this per	mit and shall be met. System	s shall be
installed in accordance with the attached system layout. ISSUED TO: STEVEN DEWNING		DRODERTY LOCA	TION. CS.	1521		
DOUGH IO: DIEVEN OFWING		PROPERTY LOCA			107 # 1	20
Facility Type: SFO (40×75)	\	ZORDIAIZION -		5 KNOLL	LOI # _	30
	1	4	☐ Repai	r		
	ixtures? Tyes			7/-		
Type of Wastewater System** 25% REOL	1010 SAR (Ini	itial) Wast	ewater Flow:	360 GPD		
(See note below, if applicable □)	EDUCTION SYS	TEM (Rep	air)			
Installation Requirements/Conditions		(nep	u.,			
madatation requirement contrations		2 70EN	CHES			
Septic Tank Size 1000 gallons	Exact length of eac	h tranch 90	feet	Tranch Spacing:	T Feet on Center	
Pump Tank Size gallons	Trenches shall be in			Soil Cover:		
rump rank size gamons						
	Maximum Trench Do	March 1990 Table 1990		The second second		
	(Trench bottoms sha	all be level to +/	-1/4	36" above the tre	nch bottom)	
	in all directions)					
Pump Requirements:ft. TDH vs	GPM				inches be	
				Aggregate Depth:	inches a	
Conditions:					in	ches total
**If applicable: I understand the system	type specified is differen	nt from the type	specified on th	he application. I accept th	ne specifications of this p	permit.
Owner/Legal Representative Signature:				Date:		
This Construction Authorization is subject to revocation if the	site plan, plat, or the intend	ded use changes. The (onstruction Auth	orization shall not be transferre	ed when there is a change in	ownership
of the site. This Construction Authorization is subject to com-	tionce with the provisions of	the Laws and Rules for	or Sewage Treatm	nent and Disposal and to the co	onditions of this permit. SEE ATTACHED SITE SKE	
Authorized State Agent:	MIM	es	Date	Date: 11)28/12	JEE HINGHED SHE SHE	
	Construi	ction Authorization	n Expiration	Date: 1/28/12		

Harnett County Department of Public Health Site Sketch

