HTE# 07-500-18776 Parnett County Department of Public Health 24654 Improvement Permit

ISSUED TO: HOH CONT.	PROPERTY LOCATION: // 21
NEW DE REPAIR □ EXPANSION □	SUBDIVISION KREIT JAKO LOT # 15X
Type of Structure: SFO - 44x54 - 3BA	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Pure to 25% Rad-	[4].
Projected Daily How: 363 GPD ,	3),
Number of bedrooms: Number of Occupants:	max
Basement Tes Sol No Pump Required: XIYes No XI May be required based on fin	
	tal location and elevations of facilities istance from well
70	2 11 6 100 46
Syply Lin 7. b. Along prop	HIN All SETISATION No expiration No expiration
Authorized State Agent: Authorized State Agent:	Date: 0227-08 SEE ATTACHED SITE SKETCH
The issuance of this permit by the health Department in no way guarantees the is	squance of other permits. The permit holder is responsible for checking with appropriate governing hodies in meeting
their requirements. This site is subject to revocation if the site plan, plat, or the in- permit is subject to compliance with the provisions of the Laws and Rules for Sewi	intended use changes. The Improvement Permit shall not be affected by a change in ownership of the cite. This
Construction Authorization (Required for Building Permit)	
ISSUED TO: HeH CON 17.	PROPERTY LOCATION: 1/25
	SUBDIVISION FOREST DAKS LOT # 158
Facility Type: Sto 44x54 - 3BR R Ne	w 🗆 Expansion 🗆 Repair
Basement? Yes Basement Fixtures? Yes	√2 No
Type of Wastewater System** Lung to 25% Ad Jy	L (Initial) Wastewater Flow: 365 GPD
(See note below, if applicable (See	
	(Repair)
Installation Requirements/Conditions	
Septic Tank Size Oo gallons Exact length	1 Ivmc
	of each trench X 225 feet Trench Spacing: Feet on Center
, , , , , , , , , , , , , , , , , , , ,	be installed on contour at a Soil Cover: inches inches Maximum soil cover shall not exceed
	the state of the s
in all direction	
Pump Requirements:ft. TDH vs GPM	,
	Aggregate Death
Conditions:	Aggregate Depth: inches above pipe
	inches total
**If applicable: I understand the system type specified is d	ifferent 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
The provision of the pr	ins of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent:	Date: 02.07.08
	Valle: \(\sum_\Delta\cdot\) \(\sum_\Delta\cdot\)
/ Lon	struction Authorization Expiration Date: <u>©2 27-2013</u>

HTE# 07.500-18796 RR

Permit # 24654

Harnett County Department of Public Health Site Sketch

