HTE# 07-5-19068

Harnett County Department of Public Health 24570

Improvement Permit A building permit cannot be issued with only an Improvement Permit

	DOODEDTY LOCA	ATION: <u>CR 1429</u>	
ISSUED TO: Repair	SUBDIVISION	Dextentiald	LOT #27
NEW ☑ REPAIR ☐ , EXPANSION ☐		Site Improvements required prior to Construction Author	
Type of Structure: SFD 4CX5C		the improvement required prior to construction hadio	neactor issuance.
Proposed Wastewater System Type: PPBP5			ATT
Projected Daily Flow: JEO GPD			
Number of bedrooms: 3 Number of Occupants: 6	max	,	
Basement Yes No			
Pump Required: □Yes □ No □ May be required based on final I	location and eleva	ations of facilities	<u></u>
Type of Water Supply: 🔲 Community 🗹 Public 🖂 Well Distar	nce from well	feet Permit valid for:	Five years
Permit conditions: Permit based on Soils Co	orrolta	nts Proposal	☐ No expiration
$\overline{}$			
······································		4/15/2008 SFE ATT	
Authorized State Agents Juga / 500 /C.).	Date:	- / J - J - JCC AI	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issual	nce of other permit	its. The permit holder is responsible for checking with appropria	te governing bodies in meeting
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 Dic	the improvement Permit shall not be affected by a change in o	wnership of the site. This
	rication and Dis	posar and to conditions of this perime.	
Constr	ruction Au	thorization	
	guired for Build		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19			chall he mot Suctems shall he
installed in accordance with the attached system layout.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and it is a meet potated by references into this period and	shall be met. Systems shall be
ISSUED TO: Raynor Builton	PROPERTY	Y LOCATION: 511429	
	SURDIVISIO	Y LOCATION: 511/29 ON Dextertiel4	LOT # 27
Facility Type: 5FD New	- Evnan	sion Repair	LUI # <u>>~ /</u>
Basement? Yes No Basement Fixtures? Yes	□ No	зіон 🗀 перан	
ρ_{α}		W	
•	_(Initial)	Wastewater Flow: 360 GPD	
(See note below, if applicable \Box) $\angle PP = 1440 + C$		(2)	
		(Repair)	
Installation Requirements/Conditions			
() () () () () () () () () ()		/ V3d	
The state of the s		$\frac{7 \times 33}{8}$ feet Trench Spacing: $\frac{8}{8}$	
Pump Tank Size gallons Trenches shall be			inches ~~~
Maximum Trench	ı Depth of:	34 inches (Maximum soil cover shall	not exceed
(Trench bottoms	shall be level t	to +/-1/4" 36" above the trench bot	tom)
in all directions)			,
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Nenth:	inches above pipe
Conditions Plumbing May reed to be The	allow of	to that Ditch De office	inches total
Conditions: Plumbing May need to be she an be Maintained . If NOT A Pum	0 . 11	he Rearriged	inclies total
**If and inching	-7 w/11		
**If applicable: I understand the system type specified is diffe	erent from the l	type specified on the application. I accept the specif	ications of this permit.
Owner/Legal Representative Signature:		Date:	
this Construction Authorization is subject to revocation if the site plan, plat, or the int	tended use changes.		here is a change in ownership
of the site. This Construction Authorization is subject to compliance with the provisions	of the Laws and R	Rules for Sewage Treatment and Disposal and to the conditions	of this permit.
	_	/ /	******
Authorized State Agents Sum Muchail	J.	Date: 4/15/12005	
	ruction Authori	Date: 4/15/12005 ization Expiration Date: 4/15/12017	
Const		The state of the s	

HTE# 07-5-19068

Permit # 245 70

Harnett County Department of Public Health Site Sketch

0 0 11	PROPERTY LOCATON: 52 1429	
ISSUED TO: KaynorBuilders	SUBDIVISION Dextertield	_LOT # <u>27</u>
Authorized State Agent: June Muning R. 1	Date: 4/15/2008	

