HTE# 08-500-19269

Harnett County Department of Public nealth 24481

Improvement Permit

1 0	PROPERTY LOCATION: 1213	
ISSUED TO: Ment Pierce	SUBDIVISION CCS, mans H.115	LOT # 4Y
NEW ₹ REPAIR □ EXPANSION □	Site Improvements required prior to Construction Au	
Type of Structure: SFD 59x3x - 3BR		AND
Proposed Wastewater System Type: Pun to 25%. No.	1 ston system	
Projected Daily Flow: 365 GPD		
Number of bedrooms: 3 Number of Occupants:	<u>C</u> max	
Basement 🗆 Yes 😾 No		
	ed on final location and elevations of facilities	
Type of Water Supply: Community Public W	/ell Distance from well 53 feet Permit valid for	,
	ntain All set BACKI	■ No expiration
3/40 Oct Blumbing wh	ere Shown	
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarant	Date: 02-20-0 SEE	ATTACHED SITE SKETCH
	t, or the intended use changes. The Improvement Permit shall not be affected by a change	
permit is subject to compliance with the provisions of the Laws and Rule		
	Construction Authorization	
	(Required for Building Permit)	
·	154, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit	and shall be met. Systems shall be
installed in accordance with the attached system layout.	DOODEDTY LOCATION 1212	
ISSUED TO: Kunt Prence	SUBDIVISION Persimmen H.11s	107 4 1/1/
CEN ES 74 700	SUBDIVISION PERSON H.113	LOI # <u>99</u>
Facility Type: SFO-59x38-302	New Expansion Repair	
Basement? Yes No Basement Fixtures?	☐ Yes Yes Yes Yes Yes Yes	
Type of Wastewater System** Wing to 25%. Red	1-37. (Initial) Wastewater Flow: 763 GPD	
(See note below, if applicable 🔎)		
	(Repair)	
Installation Requirements/Conditions		
	t length of each trench 1 x 3 peet Trench Spacing: 7 ches shall be installed on contour at a Soil Cover: 6	Feet on Center
	mum Trench Depth of: inches (Maximum soil cover sl	
	nch bottoms shall be level to +/-1/4" 36" above the trench	
	I directions)	bottomy
Pump Requirements:ft. TDH vs GPM		inches below pipe
rullp RequirementsIt. IDN 45 GFN		inches above pipe
Conditions:	Aggregate Deptil.	inches total
**If applicable: / understand the system type spec	cified is different from the type specified on the application. I accept the s	pecifications of this permit.
0 - 4 - 10	D	
Owner/Legal Representative Signature:	Date:	
	plat, or the intended use changes. The Construction Authorization shall not be transferred w the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the condi	
or the site. This construction Authorization is subject to compliance with		E ATTACHED SITE SKETCH
Authorized State Agent:	Date: 02.20-08	VIIL VILLOII
1	Construction Authorization Expiration Date: (2) -2 - 20	13
/	Constitution ration Laboration Date.	

Harnett County Department of Public Health Site Sketch

1. 2.0	PROPERTY LOCATON:_	1210			1117
ISSUED TO: Kent Prence	SUBDIVISION	Persimmon	H.115	_ LOT # _	94
Authorized State Agent:		Date: 03	80-08-1		
Meet on ite	/1	Jo3'	10	1	
Maintain All sct Backs	/ /	Red 33	10		
STUD out Plumbing Where	/ Pt	1/1 to 43	19		
Shown	/"/IT	01-40		4	
Install X300 1		rd So	10		
25% Kel. SSIFM	//	White lesi			
At 18"	,——	rul 6si	11.		
In /			1		
205/10	1r	\square	Ryain		
	05×38)		
15	3B1		4	201	
35	7		fo'		
Loc	Rypin	1/	j=		
V 58		275			
	741				
Road	(:				