HTE# 08-500-19289 R Harnett County Department of Public Health

24764

Improvement Permit

	PROPERTY LOCATION: 1/2	finent remit			
ISSUED TO: CAVINESS LAND	SUBDIVISION FORCY	7 DAKS	LOT # /15		
NEW REPAIR CONTRACTOR EXPANSION CONTRACTOR C	Site Improvemen	its required prior to Construction Au			
Type of Structure: SFD-48x48 48~	5				
Proposed Wastewater System Type: 25% Reduction S Projected Daily Flow: 480 GPD	271760				
Number of bedrooms: Number of Occupants:	may	***************************************			
Basement 🗆 Yes 🔀 No	_III4X				
Pump Required: □Yes □ No ★ May be required based on final	location and elevations of facilities				
	nce from well	t Permit valid for:	Five years		
Permit conditions: STUB OUT Plumbing.		round level	☐ No expiration		
orhigher where should	maintain o	All SetBACK			
Authorized State Account	01/ 00				
Authorized State Agent: The issuance of this permit by the Health Dengament in no way guarantees the issuance of other permit by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the issuance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the instance of other permits by the Health Dengament in no way guarantees the permits by the Health Dengament in no way guarantees the permits by the Health Dengament in no way guarantees the permits by the Health Dengament in no way guarantees the permits by the Health Dengament in no way guarantees the permits by the Health Dengament in no way guarantees the permits by the Health Dengament in the permits by the Health Dengament in the permits by the permits by the permits by the Health Dengament in the permits by th	Date: 04.29	<u>-58</u> see	ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of					
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	, ,	portine 12 342)cc	to compositive with the provisions of		
_					
<u>Consti</u>	<u>ruction Authorization</u>				
(Re	quired for Building Permit)	•			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957	, .1958. and .1959 are incorporated by refe	rences into this permit and shall be met. Syst	ems shall be installed in accordance		
with the attached system layout.					
ISSUED TO: CAUPELS LAND	PROPERTY LOCATION:	125			
0 -0 110 110 1100	SUBDIVISION FORE	of mks	LOT # 1/5		
Facility Type: SFD-48x48-4B2 New		pair	20111 770		
Basement? Yes No Basement Fixtures? Yes	√No ;	•			
Type of Wastewater System** 25% Reduction	System	(Initial) Wastewater Flov	v: GPD		
(See note below, if applicable) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0-	()			
- W	(Repair)				
Installation Requirements/Conditions Number of trend					
Septic Tank Size 1000 gallons Exact length of	each trench <u>245</u> fee	et Trench Spacing:	Feet on Center		
Pump Tank Size gallons Trenches shall b	installed on contour at a	Soil Cover: 6	_ inches		
Maximum Trench	Depth of: 1824 incl	hes (Maximum soil cover shal	I not exceed		
(Trench bottoms	shall be level to +/-1/4"	36" above the trench b	ottom)		
in all directions)			,		
Pump Requirements:ft. TDH vs GPM			inches below pipe		
		Aggregate Depth:	inches above pipe		
Conditions:			inches total		
**If applicable: I understand the system type specified is different from	the type specified on the applica	tion. I accept the specifications o	f this permit.		
Owner/Legal Representative Signature:		Date:			
his Construction Authorization is subject to revocation if the site plan, plat, or the intended use	hanges. The Construction Authorization shall				
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for	ewage Treatment and Disposal and to the co	onditions of this permit.	E ATTACHED SITE SKETCH		
(1110AOC		ni/ O/ :			
Construction Authorization Expiration Date: 043408					
/ Consti	nction Authorization Evoiration	n Date: 10 1/ 2 5 3	010		

Harnett County Department of Public Health Site Sketch

ISSUED TO: <u>Caviness</u> Land	PROPERTY LOCATON: 16	25 (e) 7 04/c5 LOT # 115
Authorized State Agent:	RI	Date: 04.29.08
		STUB out Plumbing
6	۹'	Shallow, at ground
OP Res	AIN	level or higher
771		Where shown
	113	maintain All Set Backs
		meet on site
		Install 245'
2/		25% Reduction System
		At 18 1, 24" Deep.
	4BR	
47	(1)	
	20	
a LON DIREIR 34	i I JE	K
0	1	150
101	,	

Basket Oak