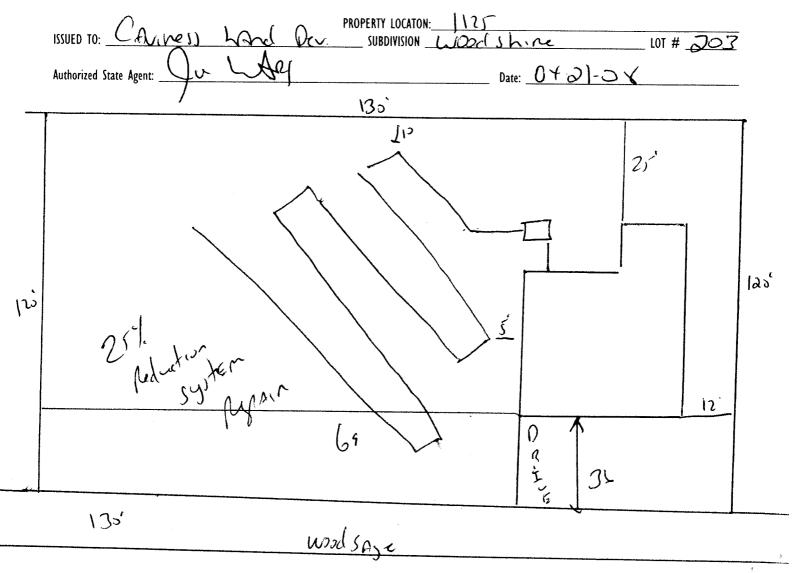
HTE# D8-500-19300 R Harnett County Department of Public Health 24700 Improvement Permit

	A building permit cannot be issued wi		: Permit	
00.1	PROPERTY LOCA	ATION: 1725		
issued to: Cavines Land	SUBDIVISION _		in	rot # <u>S</u> 5
NEW REPAIR ロ EXPANS Type of Structure: SFO 48人後		Site Improvements rec	quired prior to Construction Auth	orization Issuance:
Projected Daily Flow: GPD	etur Systa			
	upants: X max		,	
Basement □Yes ₩ No	ipanis. Dinax			
	uired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions: STUB OUT Pluc	nhing Shalling	i at cre	ound level or	No expiration
higher where Sho	un. U med o	orite f	3, Final L	Anna
Manjoir All set BE	tck,			35-3
\bigcap \bigwedge	i			
Authorized State Agent:	Date: (121-08	SEE A	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no w	ay guarantees the issuance of other permi	ts. The permit holder is re	sponsible for checking with appropri	iate 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 st	hall not be affected by a change in	ownership of the site. This
permit is subject to compliance with the provisions of the Law	s and Kules for Sewage Treatment and Dis	posal and to conditions of	this permit.	
	C			
	Construction Au	thorization		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950,	.1952, .1954, .1955, .1956, .1957, .1958.	and .1959 are incorporate	ed by references into this permit an	d shall be met. Systems shall be
installed in accordance with the attached system layout.	1			
ISSUED TO: CAUSEU LANC		LOCATION: 1/2		
CON 162 XX 1		ON WOOdsh	, re	LOT #25 3
Facility Type: SGD - 48 > 48 - 4		sion 🗌 Repair		
Basement? Yes 🖊 No Basement Fit	xtures? Yes Ao			
Type of Wastewater System** 25% Mcl.	(Initial)	Wastewater Flow:	480 GPD	
(See note below, if applicable)	1 1			
	diction System	_(Repair)		
Instaliation Requirements/Conditions	O			
i	,	. .	0	
Septic Tank Size 1000 gallons	Exact length of each trench 1	y ays feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover:	inches
	Maximum Trench Depth of:/	8-24 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level t		36" above the trench bo	
	in all directions)			,
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above nine
Conditions:				inches total
				menes total
*If applicable: / understand the system to	ype specified is different from the	type specified on the	application I account the cone	ifications of this name
Tanderstand the system ty	pe specifica is afficient from the	type specified on the .	аррисации. Тассері ше зресі	incacions of this permit.
)wner/Legal Representative Signature:			Data	
Owner/Legal Representative Signature: his Construction Authorization is subject to revocation if the signature.	to plan plat or the intended on the con-	The Court of Aut 1	Date:	
f the site. This Construction Authorization is subject to complia	ic pian, piat, or the intended use changes. nce with the provisions of the laws and f	ine Construction Authoriza	ation shall not be transferred when	there is a change in ownership
	^ .	ion somage meaninging		TTACHED SITE SKETCH
Authorized State Agent:	(L)	Date	174 A 1- 17 X	IIIMIED HIE MEINI
.80	Construction Mushan	Vale	104-31-08 ate: 04-31-301	
4	Construction Authori	zation expiration Da	Ter 174-97-901	<u>z</u>

HTE# 08-500-1930R

Permit # 2 4 700

Harnett County Department of Public Health Site Sketch



STUB Out Plumbing Shallow, At ground level or higher Maintain All Set Backs meet past for Final LAJOH. INHALL IX240 J 25%. Nedertion system at 181, 24" Deep.