HTE# 08-520-19357 Harrien County Department of Public medith 24656

Improvement Permit

| SERVICE SERVICE SUBDITION Site Improvements required prior to Construction Authorization Issuance: | A building permit cannot be issued with only an Improvement Permit | |
|--|--|-------|
| Size Improvements required prior to Construction Authorization Issuance: Tripped of Structure: SFC | PROPERTY LOCATION: 1125 | - |
| Type of Wasterbare Fystem Type: 257. | | 26 |
| Projected Daily Flow: Yes GPD Number of Decropants: Manual location and elevations of facilities Statement Yes No No Schay be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well Section No expiration | | |
| Transport of Decorpance: Separation Number of Occupance: New Number of Occupance: New Number of Occupance: New Number of Occupance: New Ne | | _ |
| Number of Decupants: max | Projected Daily Flave: 428 GPD | |
| Basement Yes No No May be required based on final location and elevations of facilities Permit valid for: Permit valid for: No Permit valid for: No expiration No expirati | Number of hadrooms: Y Number of Occupants: X max | |
| Pump Requirements Community No No Public Well Distance from well Set Permit valid for: Five years Permit conditions: SCAB ON No expiration SCAB ON No expiration N | | |
| Type of Waters Supply: Community of Public Well Distance from well Set Fermit conditions: SCAL BOATE Well Distance from well Set Medical Public Well Distance from well | | |
| Permit conditions: SCE ATTACHED SITE SMETCH The issuance of this permit by thy Health Department in no way guarantees the issuance of other permits. The permit bolder is responsible for checking with appropriate governing bodies in meeting their requirements. This site a stillect to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be application. SEE ATTACHED SITE SMETCH The issuance of this permit by thy Health Department in no way guarantees the issuance of other permits. The permit bolder is responsible for checking with appropriate governing bodies in meeting their requirements. This site a stillect to compliance with the provisions of the same and Roles for Swage Treatment and Disposal and to conditions of this permit and shall be meet. Systems shall be meat systems shall be matched systems by the site of the spential pour. SUBLIDED TO: CONSTRUCTION Authorization (Required for Building Permit) The construction and installation requirements of Rules. 1959, .1954, .1955, .1954, .1954, .1954, .1955, .1954, .1954, .1954, .1954, .1955, .1954, .1955, .1954, .1955, .1954, .1955, .1954, .1955, .1 | Type of Water Supply: Community Public Well Distance from well 50 feet Permit valid for Prive years | |
| Authorized State Agent: Date: DS-04-06 SEE ATTACHED SITE SKETCH | Permit conditions: STUB Out Plumbing shallows At spound level or higher I No expiration | |
| Authorized State Agent: Date: DS-04-06 SEE ATTACHED SITE SKETCH | where shown or pump may be regulated meet on te | _ |
| The issuance of this permit by thy 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 Freatment and Dioposal and to conditions of this permit. Construction Authorization Requirements of Rules 1950, 1952, 1954, 1955, 1951, 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. | Maintain All setBair | _ |
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| Construction Authorization Construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be metalled in accordance with the attached system layout. PROPERTY LOCATION: | 8 | |
| Construction Authorization (Required for Building Permit) (Substitution Permit) (Required for Building Permit for Federate in and Disposal and to conditions of this permit. (Repair) (Repa | | ting |
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| Required for Building Permit | 8 | |
| Required for Building Permit | Construction Authorization | |
| The construction and installation requirements of Rules . 1950, . 1952, . 1954, . 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. PROPERTY LOCATION: | | |
| PROPERTY LOCATION: | | |
| PROPERTY LOCATION: 123 LOT # 232 | | be |
| Subdivision Subdivision Repair | | |
| Facility Type: SCO - 18 X 18 - 4 Br | | 20 |
| Basement? Yes No Basement Fixtures? Yes No Basement Fixtures? Yes No GPD Type of Wastewater System** 257, Recipitation Syst. (Initial) Wastewater Flow: 480 GPD Wastewater System** 257, Recipitation Syst. (Initial) Wastewater Flow: 480 GPD Installation Requirements/Conditions Septic Tank Size gallons Frenches shall be installed on contour at a Maximum Trench Depth of: 180 Julian inches Waximum Trench Depth of: 180 Julian inches Waximum soil cover: inches Waximum soil cover shall not exceed (Trench bottoms shall be level to +7-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM Aggregate Depth: inches above pipe Conditions: inches System type specified is different 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 of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH | | _ |
| Type of Wastewater System** 257 | | |
| Septic Tank Size Gallons Exact length of each trench Lay feet Trench Spacing: Feet on Center Feet | Type of Wastewater System** 2 C Nest Aca Cas (Initial) Wastewater Flow: 480 GPD | |
| Septic Tank Size | (See note below if applicable $\sqrt{3}$) | |
| Septic Tank Size | Jee note below, if applicable of 25% leduction Six for (Roppin) | |
| Septic Tank Size | Installation Requirements/Conditions | |
| Pump Tank Size gallons | installation requirements conditions | |
| Pump Tank Size gallons | Santic Tank Size 1000 gallons Exact length of each trench IV DV > feet Trench Spacing: 9 Feet on Contar | |
| Maximum Trench Depth of: | | |
| (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements:ft. TDH vs GPMinches below pipe Aggregate Depth:inches above pipe Conditions: | | |
| Pump Requirements:ft. TDH vsGPM | | |
| Pump Requirements: | Visign programme to the control of t | |
| Aggregate Depth:inches above pipeinches total | and the second s | |
| Conditions: | | |
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| SEE ATTACHED SITE SKETCH | | rship |
| | | |
| Authorized State Agent: Date: U 7 0 7 - 0 8 | | |
| | Authorized State Agent: Date: UY U1-08 | |

Harnett County Department of Public Health Site Sketch

