HTE# 08-503-14355

Harnett County Department of Public Health 24500

Improvement Permit

	PROPERTY LOCATION: [12]
ISSUED TO: CALINET LAND	SUBDIVISION Woodshine LOT # 200
NEW ST REPAIR DEXPANSION D	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Fump To 25%. Acd	tun ()
Projected Daily Flow: 450 GPD	11. 24. ha
Number of bedrooms: Y Number of Occupants:	max
Basement 🗆 Yes 🔀 No	
Pump Required: Sayes No May be required based on fin	nal location and elevations of facilities
Type of Water Supply: Community Public Well Die Permit conditions: Mcc+ 301 to Manager	011 1 5001
- P HANGE	No expiration
Authorized State Agent:	Date: 0307-08 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is	ssuance of other permits. The permit holder is responsible for checking with appropriate governing budies in meeting
their requirements. This site is subject to revocation if the site plan, plat, or the i permit is subject to compliance with the provisions of the Laws and Rules for Sew.	intended use changes. The Improvement Permit shall not be affected by a change in ownership of the cite. This
position is suspect to compilative with the provisions of the caws and rules for sew.	age freatment and Disposal and to conditions of this permit.
Construction Authorization (Required for Building Permit)	
installed in accordance with the attached system layout. ISSUED TO:	
10.000 10.	PROPERTY LOCATION: 125 SUBDIVISION LNOW 10T # 20X
Facility Type: SFO - 48x4x - 431 8 Ne	SUBDIVISION <u>Wordshire</u> LOT # <u>208</u> w □ Expansion □ Repair
Basement? Yes No Basement Fixtures? Yes	□ No
Type of Wastewater System** Rung t. 2, 1/ Red . 19	(Initial) Wastewater Flow: GPD
251. Michartan	(Repair)
Installation Requirements/Conditions	
1003	1 0 / 0
	of each trench 1x2 y feet Trench Spacing: 7 Feet on Center
	be installed on contour at a Soil Cover: inches
	nch Depth of: 182 derinches (Maximum soil cover shall not exceed
·	ns shall be level to +/-1/4" 36" above the trench bottom)
Pump Requirements:ft. TDH vs GPM	•
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions:	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: / understand the system type specified is d.	ifferent from the type specified on the application. I accept the specifications of this permit.
, , ,	this permit.
Owner/Legal Representative Signature:	Date:
Inis 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
The same construction authorization is anoject to comprisince with the provision	ons of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent:	Date: 0 3 03 SEE ATTACHED SITE SKETCH
Con Mental Con	ctruction Authorization Equipment Phase (200 and 200 a
Con	struction Authorization Expiration Date: <u>つろいろ</u> ついる

HTE# <u>OX-500-19305</u>

Permit # 24500

Harnett County Department of Public Health Site Sketch

