HTE# 08-500 17306

Harnett County Department of Public Health 24499

Improvement Permit

A building permit	cannot be issued w	th only an Improvemen	t Permit	
$C_{\Delta i}$, $i = 1$		ATION: 125		
	SUBDIVISION	Woodshin	c	LOT # 209
NEW X REPAIR EXPANSION		Site Improvements re	quired prior to Construction Author	
Type of Structure: SFD 48x4x 302				
Proposed Wastewater System Type: 21% Reduction Syst	~_			
Projected Daily Flow: 180 GPD				
Number of bedrooms: \(\frac{1}{2} \) Number of Occupants: \(\frac{1}{2} \)	max		,	
Basement □Yes 🔀 No				
Pump Required: Yes No Hay be required based on fin	al location and elev	ations of facilities		
Type of Water Supply: Community 🔑 Public 🗆 Well Di	stance from well _	「feet	Permit valid for:	₩ Five years
Permit conditions: Meet on 1 te				☐ No expiration
Maintain Oll Sit BAck,				

Authorized State Agent: () _ (V)	Date:	03-070	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is	suance of other perm	its. The permit holder is re	esponsible for checking with appropriate	e governing hodies in meeting
their requirements. This site is subject to revocation if the site plan, plat, or the in permit is subject to compliance with the provisions of the Laws and Rules for Sewa	ntended use changes.	The Improvement Permit s	hall not be affected by a change in ov	vnership of the site. This
Cons	struction Au	ıthorization		
(Required for Build	ling Permit)		
The construction and installation requirements of Rules . 1950, . 1952, . 1954, . 1955,	.1956, .1957, .1958	and .1959 are incorporat	ed by references into this nermit and	chall he met Systems shall he
installed in accordance with the attached system layout.				man or men systems shall be
ISSUED TO: CAVINES Lond	_ PROPERT	Y LOCATION: 112	Ĭ	
	SUBDIVISI	42 أيتدركما ON	uru	LOT # 239
Facility Type: SFR 48x48-3BA × New	w 🗆 Expan			
Basement? Yes No Basement Fixtures? Yes	√⊒ No '	•		
Type of Wastewater System** 25% Collection 35%		Wastewater Flow: _	485 GPD	
(Con note below if applicable (4))			<u> </u>	
25%. And a training	Š	(Repair)		
Installation Requirements/Conditions	-33	(nepair)		
Santic Tank Siza 1 000 and gallone Event learth of		(1Vn (.	· · · · 9	
		×240 feet		
· ·	be installed on c			nches
		3 24 inches	(Maximum soil cover shall n	
(Trench botton	ns shall be level t	o +/-1/4"	36" above the trench botto	om)
in all direction	ns)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	
Conditions:			. 99 - 9 ch	inches total
				inches total
**If applicable: I understand the system type specified is di	lifferent from the	type specified on the	application. I accept the specific	cations 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 Authoriz	ation shall not be transferred when the	pre is a change in gwegerhin
of the site. This Construction Authorization is subject to compliance with the provisio	ons of the Laws and F	ules for Sewage Treatment	and Disposal and to the conditions of	this permit.
()			CEE ATTA	CUEN CITE CYETCU
Authorized State Agent:		Date:	070708	
Con	struction Authori	zation Expiration D	ひりつりつろっぱい ate: ひろ- つろ- つつり	7
		Enpirector De	<u> </u>	<u> </u>

HTE# 03.500-1935 (

Permit # 24457

Harnett County Department of Public Health Site Sketch

