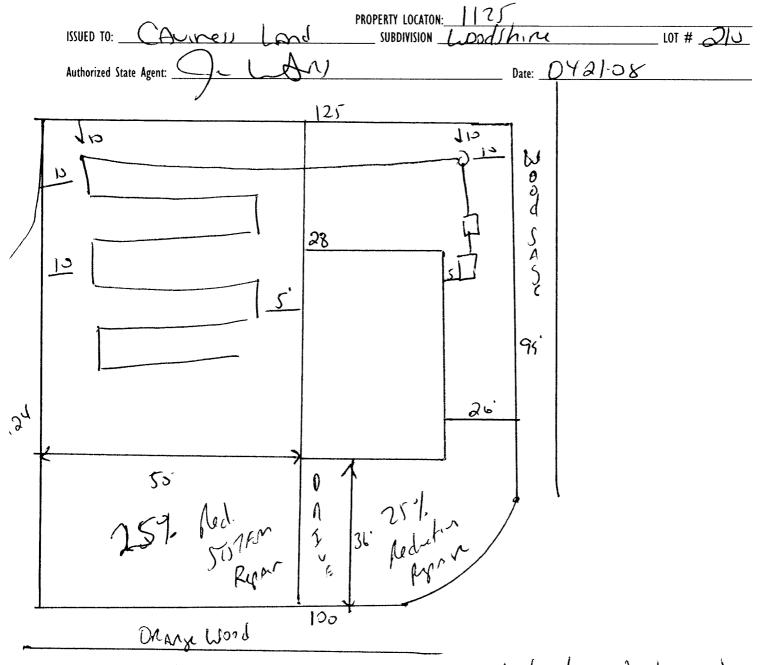
HTE# 08-500-19357R Harnett County Department of Public Health 24699 Improvement Permit

C 1	PROPERTY LOCA	TION: 1125	- Comme	
ISSUED TO: LAVINGS! LAND	SUBDIVISION	Mescen	ire	LOT # 21 =
NEW 2 REPAIR EXPANSION		Site Improvements re-	quired prior to Construction Aut	horization Issuance:
Type of Structure: SFD - 48x48- 4BR				
Proposed Wastewater System Type: 25% Red. to 5	<u>~</u> دبر			
Projected Daily Flow: 450 GPD Number of bedrooms: 4 Number of Occupants: 8				
Basement Ses Scho	max			
Pump Required: Saves No May be required based on fit	nal location and alov-	utions of facilities		
Type of Water Supply: Community Public Well D		50 feet	. Permit valid for:	Æ Five years
Permit conditions: STUB Out Plumbing	Shallaw			□ No expiration
				meet onsite
for Firel Lagort Mointa	11A six	52+BACK	<1 /	
\bigcap . λ_{α} .	••••	, ,		
Authorized State Agent:	Date:			ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the i	issuance of other permit	s. The permit holder is re	asponsible for checking with appropr	riate governing bodies in meeting
their requirements. This site is subject to revocation if the site plan, plat, or the permit is subject to compliance with the provisions of the Laws and Rules for Sew	intended use changes. I	he Improvement Permit s	hall not be affected by a change in	ownership of the site. This
permit to subject to compitative mutually provisions of the tarks and finites for sen	rage treatment and bisp	Josai and to conditions of	tais periait.	
Con	struction Au	thorization		
COIL	struction Au	<u>liiorizatioii</u>		
**	(Required for Buildi	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 installed in accordance with the attached system layout.	5, .1956, .1957, .1958.	and .1959 are incorporat	ed by references into this permit ar	nd shall be met. Systems shall be
ISSUED TO: CAVICELL LAND	PROPERTY	LOCATION: 1 2	. —	
Charlett A4 10	SUBDIVISIO		him	107 # DV
Facility Type: SFO 48x4x-43R # No			NICL	rot # <u>\$</u> 12_
Basement? Yes No Basement Fixtures? Yes		поп 🗀 перап		
Type of Wastewater System** Run to 25% Red Se		Wastewater Flow:	48> GPD	
(See note below, if applicable (1)) <u>) (""")</u>	Wastewater Tiow	T OID	
DS1/2 Red stor	a the	_(Repair)		
Installation Requirements/Conditions	~3/,	_(nepair)		
Septic Tank Size 1000 gallons Exact length	of each trench	LaYs feet	Trench Spacing:9	East on Contac
	Il be installed on ço		Soil Cover:	Feet on Center
	ench Depth of: $\frac{1}{\sqrt{1}}$			_ inches
	oms shall be level to	•	(Maximum soil cover shal	
in all direction		J T/-1/4	36" above the trench be	ottom)
Oump Requirements:ft. TDH vs GPM	лізј			Sandar Late 12
ump requirementsit. 1011 13 Util			A D4b	inches below pipe
Conditions:			Aggregate Depth:	inches above pipe
.onditions.	****			inches total
CRE LIGHT I I I I I I I I I I I I I I I I I I I	100			
*If applicable: I understand the system type specified is	different from the t	ype specified on the	application. I accept the spec	cifications of this permit.
Number (Local December 4) in Court of			_	
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the site plan, plat, or the	e intended use changes.	The Construction Authoriz	ation shall not be transferred when	there is a change in ownership
f the site. This Construction Authorization is subject to compliance with the provis	HOUS OF THE LAWS AND RE	uies for sewage Treatment		*
Authorized State Agent:		n	04.21-28 xEA	TTACHED SITE SKETCH
				
1 (0	instruction Authoriz	zation Expiration D	ate: <u>07.21-201</u>	5

HTE# 08:500-19207R

Permit # 24699

Harnett County Department of Public Health Site Sketch



STUD out Plumbing Shallow At ground level or higher where Shown. Meet Onsite For Final Layout. Zostall 1x243 of 25%. Reduction System At 18to 24" Deep.

HTE# 08-500-19357 R Harnett County Department of Public Health 24699

Improvement Permit

A building permit of	annot be issued with only an Improvement Permit PROPERTY LOCATION: 1/2 C
ISSUED TO: (Avency) Land	THE LOCATION.
NEW S REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD - 48 x 48 4 9 BC	one improvements required prior to construction Authorization issuance.
Proposed Wastewater System Type: 25% Code China Said	
Projected Daily Flow: 483 GPD	<u></u>
Number of Occupants: 8	max
Basement □Yes □KNo	
	l location and elevations of facilities
	tance from well feet Permit valid for: A Five years
Permit conditions: STUB Out Plumbing S	
	Pump my not be required meet onsite
petinal Laget mainta	
Authorized State Agent:	Date: 431-38 SEE ATTACHED SITE SKETCH
	uance 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 in-	tended 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 Sewag	ge Treatment and Disposal and to conditions of this permit.
<u>Cons</u>	truction Authorization
<u>(</u> F	Required for Building Permit)
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.	
ISSUED TO: CAUCALI LAND	PROPERTY LOCATION: 1/2/
	SUBDIVISION LOSSA Shoa LOT # 215
Facility Type: SFO 48x4x - 491 D New	v 🗆 Expansion 🗆 Repair
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes	₩ No
Type of Wastewater System** Purp to 25% Red 5	(Initial) Wastewater Flow: (PD)
(See note below, if applicable ☑)	
Asto Reduction	(Repair)
Installation Requirements/Conditions	——————————————————————————————————————
mistanadan nedan circinar condidons	
Septic Tank Size 1000 gallons Exact length o	(maintally DV2 (1) 1 1 (1) 9
	of each trench 1 × 2 43 feet Trench Spacing: 7 Feet on Center
	be installed on contour at a Soil Cover: inches
Maximum Tren	
(Trench bottom	ns shall be level to +/-1/4" 36" above the trench bottom)
in all direction	us)
Pump Requirements:ft. TDH vs GPM	inches below pipe
· · · · · · · · · · · · · · · · · · ·	Aggregate Depth: inches above pipe
Conditions:	inches total
	ilicites total
**If analisables I water data makes to see Colin I	
**If applicable: I understand the system type specified is di	ifferent 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 i	Date:
of the site. This Construction Authorization is subject to compliance with the provision	ns of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 04 21.08
8	struction Authorization Expiration Date: $9-(3)-3013$
; Con:	struction Mathorization Expiration Date: