HTE# 08-500-19309R

## Harnett County Department of Public Health

25247

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
	ATION: 1/2)
NEW $\nearrow$ REPAIR $\square$ EXPANSION $\square$ Type of Structure: $SFO$ - $GOXYJ$ - $3BR$	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction System	
Projected Daily Flow: 569 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes No	
Pump Required: □Yes □ No ❤️May be required based on final location and elev	vations of facilities
Type of Water Supply:  Community Public Well Distance from well	100 feet Permit valid for: Tive years
Permit conditions: Mest onsite for Fival LAyout MA.	ntain all set BACKS   No expiration
Type of Water Supply: Community Public Well Distance from well Permit conditions: Med Onsite For Fival Layor Main STUB out Plumbing Shallow Art ground	level or higher where shown
Authorized State Agent:: Date: _	02-17-09 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be	it holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	anected by a change in ownership of the site, this permit is subject to compliance with the provisions of
Construction Authorization	
(Required for Build	ling Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 a with the attached system layout.	are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: STACKUELL HOMES PROPERTY	Y LOCATION: 121
SUBDIVISION	ON Woodshire LOT # 223
Facility Type: DFD-60X4J-31372 OF New Expans	sion Renair
Basement? Yes No Basement Fixtures? Yes	
Basement? Yes No Basement Fixtures? Yes No.  Type of Wastewater System** 25%. Reduction 5 yetcom	(Initial) Wastewater Flow: ろん GPD
25% Reduction System	(Renair)
Installation Requirements/Conditions Number of trenches	
Septic Tank Size ( So gallons Exact length of each trench	160 feet Trench Spacing: 9 Feet on Center contour at a Soil Cover: inches
Pump Tank Size gallons	contour at a Soil Cover: inches
Maximum Trench Depth of:	Som Cover
(Trench bottoms shall be level t	
in all directions)	.0 17-174 30 above the trench bottom)
Pump Requirements:ft. TDH vs GPM	
(i 10ii 13 Viii	inches below pipe
Conditions:	Aggregate Depth: inches above pipe
	inches total
it on significable: I understand the system time specified in different from the time.	
*If applicable: I understand the system type specified is different from the type specifie	ed on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	_
	Date:
his Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construct	tion Authorization shall not be transferred when there is a change in ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and	d Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
Authorized State Agent: ( ) W)	
Date.	
Construction Authorization Expiration Date: 02-17-0014	

## Harnett County Department of Public Health Site Sketch

