HTE# 08-500-19555 Harnett County Department of Public Health 24681

Improvement Permit

A building permit	PROPERTY LOC		t i Cinne	
ISSUED TO: H9H Const.	SUBDIVISION		OAKS	LOT #201
NEW REPAIR □ EXPANSION □		Site Improvements re	quired prior to Constru	ction Authorization Issuance:
Type of Structure: SFD- 46x52 - 4BR Proposed Wastewater System Type: 25% Adulus System				
Proposed Wastewater System Type: 25% lediction Sy	itu			
Projected Daily Flow: 430 GPD				
Number of bedrooms: Number of Occupants:	max			
Basement Yes V No				
Pump Required: Tyes No SMay be required based on fina			n :	nu sorte
Type of Water Supply: Community Se Public Well Dispermit conditions: Style Out Supplies Shall	stance from well _	So teet		valid for: Sie years
Shows Mr. 7 m Gtr monta	30 GT 811	et Packs -	To tall 5	No expiration
Shown Mec Ton site mainta As shown - French Drain 3 be in	W J 54	" Dem U	th GRAVI	To within la" I ha
A	4 -		1 to Ji mee	
Authorized State Agent::	Date:	04-02-0	· K	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the iss				
their requirements. This site is subject to revocation if the site plan, plat, or the in	ntended use changes.	The Improvement Permit	hall 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 Sewa	ige Treatment and Di	isposal and to conditions o	this permit.	
C		.46		
<u>cons</u>	truction A	<u>uthorization</u>		
	Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955,	1956, .1957, .1958	. and .1959 are incorpora	ted by references into this	permit and shall be met. Systems shall be
installed in accordance with the attached system layout.	DDODERI	V LOCATION LA OL		
ISSUED TO: HOH CONST.		Y LOCATION: 112		107 # 77-1
Facility Type: SFO- 46x52 - 4BR - New	SUBDIVIS			LOT # <u>201</u>
		nsion 🗌 Repair		
Basement? ☐ Yes ✓ No Basement Fixtures? ☐ Yes	>E No		16/3	
Type of Wastewater System** 25% Reduction Sys.		Wastewater Flow: _	<u>485</u> GPD	
(See note below, if applicable 2) 25% Ned-tran Su-) .	(8.)		
	700 0	(Repair)		
Installation Requirements/Conditions				
Sentia Tenta Sina A CO O .) cellana	· Carab danah d	1.125	T 1.6 :	9
	_	OK 135 feet		Feet on Center
	be installed on o		Soil Cover:	inches .
		$\frac{18}{}$ inches	•	over shall not exceed
· ·	ms shall be level	to +/-1/4"	36" above the	trench bottom)
in all direction	ns)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified is a	lifferent from the	type specified on the	application. I accept	the specifications of this permit.
2 4 10			_	
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the site plan, plat, or the				
of the site. This Construction Authorization is subject to compliance with the provision	ons of the Laws and	nuies for sewage Treatmen	t and Disposal and to the	
Authorized State Agents ():		h	04-02	SEE ATTACHED SITE SKETCH
Authorized State Agent:				
Cor	nstruction Autho	rization Expiration [late: (04 - 03	- 2013

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Permit # <u>24681</u>

Harnett County Department of Public Health Site Sketch

16-11 0	PROPERTY LOCATON: 123	
ISSUED TO: HRH Cont.	subdivision foreit opki	LOT # <u> </u>
Authorized State Agent:	Date: 04-	-01-28
TANTALL 2X130	Meet onsite for F	inal Layout
125% Reduction /2/7	Install French DRAI	n Above septic
Curtin At 10/1	STITEM AS Show,	n - 52" Deep with
18"	128	surface
18" A	18	
/ // /		
E/ *		7
[[] + +	>-	
242/A/	Cref Land	4/2
/e// m/x , e/ ,	- Line	Upt- Parc
		so of love
$\frac{1}{2}$	- Wet Landy Line - Mit (Reg.)	RAIN Field
10/10/	Lyh (Re (RA))	4.01.08
15/p 25'	- Red (Repair) 133 X 13- Red (33: 133	/ /
25	115- Red (35 Pain) 135	213
15/01/20		
	Per +	
$\frac{ R n}{m}$		
36	\rightarrow \downarrow	10
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May!	+	35/
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