HTE# 08-500-19640R Harnett County Department of Public Health 24686

Improvement Permit

A building permit cann	PROPERTY LOCATION: DOVC Rd
ISSUED TO: MA Hhow Leach	SUBDIVISION Johnson Lile Township LOT # Tract:
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance: 35.36 A
Type of Structure: SFD - 48x50 - 4BR	
Proposed Wastewater System Type: Pump to GRAVEL	
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants: 8	max
Basement Aves Ave	
Pump Required: Axes	
	ance from well feet Permit valid for: Five years
Set BACKS TANK MUST be 15	from Phasement 9 15 from Fitre Post
Joenton Joens	from 9 basement 9 15 from Fitze Bol
100 ATION	
Authorized State Agent:	Date: 04-08-08 SEE ATTACHED SITE SKETCH
	ance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting
	ended 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 Sewage	e Treatment and Disposal and to conditions of this permit.
Constr	ruction Authorization
(Rei	equired for Building Permit)
	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.	PROPERTY LOCATION: Dose N
ISSUED TO: Matthew Leach	
Facility Type: BSFD-48x53-4BR BNew	SUBDIVISION Johnsonville Bounship LOT # Topact ?
	11, 1676
Basement? Yes No Basement Fixtures? Yes	□ No _(Initial) Wastewater Flow: 480 GPD
, , , , , , , , , , , , , , , , , , , ,	_(Initial) Wastewater Flow: 985 GPD
(See note below, if applicable)	duction (Repair)
	, , ,
Installation Requirements/Conditions	ITEM
Control Co. 1200	f each trench 3×145 feet Trench Spacing: Feet on Center
	the state of the s
	be installed on contour at a Soil Cover: inches
Maximum Trench	
	as shall be level to +/-1/4" 36" above the trench bottom)
in all directions	
Pump Requirements:ft. TDH vs GPM	inches below pipe
w. m.r.	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: I understand the system type specified is different	ifferent from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership
This Construction Authorization is subject to revocation if the site plan, plat, or the in	intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership
of the site. This construction Authorization is subject to compliance with the provision	ons of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Data: O Y 1 O X
Authorized State Agent:	Date: 04-08-08 Struction Authorization Expiration Date: 04-08-2013
Cons	Struction Authorization Expiration Date: () 7-28-2513

Harnett County Department of Public Health Site Sketch

ISSUED TO: MAtthew Leach	PROPERTY LOCA	TON: Dore RI	Tan this	_ LOT # Tract	- 2
Authorized State Agent:			04-08-08	35.3640	
Meet on site for Final Layo-	+				
Maintain All Set BACKS					
Septic 9 Rung Took must be			1		2313
15' from home & Future					
Pool location	(Pool) 15	- 17-17-	,	115	
Suitable soils Are 110 from upper	100	12.	75		
Roporto line Astraight	432	77	1 25%	Redution	
Back 400' - There is	1	1 /	5497	rem 1	
To be No TRAFIC OF		0 /	1 Prosi	2 Ares	
Building Within That Area.		n /	1 7	TOR 75	
No Driving or parking ontop		V	1	111	LATGE P.ne
of Any Portion of septic system		E 400		250	with
TAMAN 3x 140 4 gravel.				h R b h I	paid
A+ 18"	400			T d h	
	10		1	E 1 2	
			1	5 5	
			1	10	
			\	4	
N T			12-	110 75	

Dove Rd

1/2 NC24/27