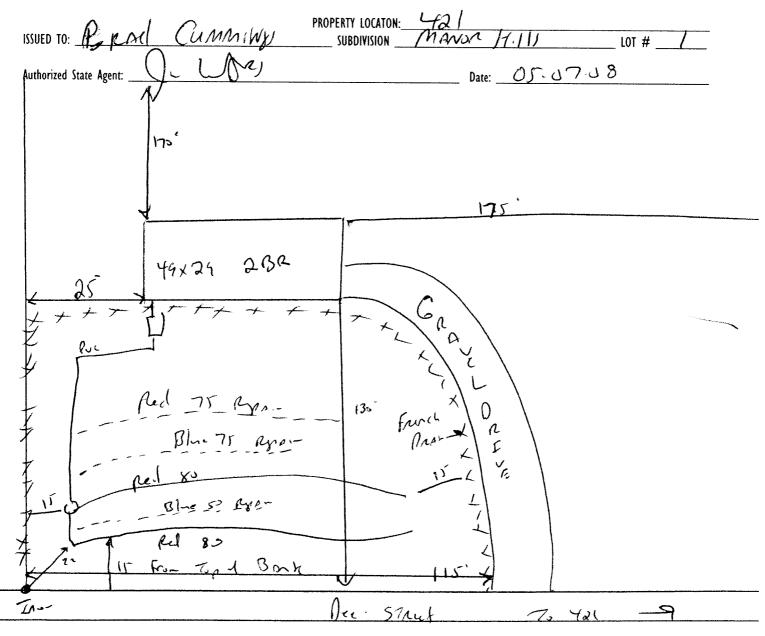
HTE# 08-500-19712R Harnett County Department of Public Health

24771

Improvement Permit

\circ	Ing permit cannot be issued with only an improvement Permit PROPERTY LOCATION: $\mathcal{L}_{\mathcal{A}}$
ISSUED TO: GRAd Cummings	
NEW ₩ REPAIR □ EXPANSION [Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO-49×29 21	The improvements required prior to construction Authorization issuance:
Proposed Wastewater System Type: 25% (Ud-c)	12 1414
Projected Daily Flow: 240 GPD	
Number of bedrooms: 2 Number of Occupants:	₩ max
Basement Yes No	Marin Marin Control Marin Mari
Pump Required: ☐Yes ☐ No May be required	ased on final location and elevations of facilities
Type of Water Supply: Community Public	Well Distance from well 50 feet Permit valid for Five years
Permit conditions: Mect ansite MAIN	tain Pll Set Backs STUB Out Plumbing 1 No expiration
	higher where shown Place French Brain Around
STITEM	
Authorized State Agent:	Date: OS-3 Z 3 8 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees to site is subject to revocation if the cite plan plat or the intended use shapes	e issuance of other permits. The permit 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 t	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 its permit.
<u> </u>	
	Construction Authorization
	Construction Authorization
The construction and installation requirement of D.G. 1979, 1974	(Required for Building Permit)
with the attached system layout.	955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
Λ ' <i>i</i>	
ISSUED TO: BRAD CUMMINXI	PROPERTY LOCATION: 42 (
C ===	SUBDIVISION MANOR H.11 LOT # (
Facility Type: SH) 49x29-2BA	SUBDIVISION ARVOR 14.11 LOT # (
Basement? Yes No Basement Fixtures	☐ Yes → No
Type of Wastewater System** 25% ad-cf	
(See note below, if applicable)	(minus) Musicinates Flow.
25% ledy	Con Sytem (Repair)
Installation Requirements/Conditions Nu	nber of trenches 2
	Ca
•	
	imum Trench Depth of: inches (Maximum soil cover shall not exceed
	nch bottoms shall be level to +/-1/4" 36" above the trench bottom)
	Il directions)
Pump Requirements:ft. TDH vs GF	mency below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: / understand the system type specified is a	flerent 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	Date:
Construction Authorization is subject to compliance with the provisions of the Li	ws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 15-07-2K
The same of the sa	Date: $05-07-26$ Construction Authorization Expiration Date: $05-37-2013$
/	Construction Authorization Expiration Date: 01 - 37 - 2013

Harnett County Department of Public Health Site Sketch



Meet Onsite MAINTAIN All Jet Backs
Install 20 Lines of 25%. Reduction 550 time At 80' Lines each
Tritall French Orain As shown.

StuB at Plumbing shallow At ground keel or high where shown