HTE# <u>08-5-1981212</u> R Harnett County Department of Public Health 24630

Improvement Permit

		A building permit car		th only an Improvemen		
ECHIPATO Palmotta	NESTE AL AL	. = / }	PROPERTY LOCA	ATION:5171415-	Pauls CH KD	
ISSUED TO: Palmetto 1.	T EVDANG	IN D	SUBDIVISION _	lessay At 1	mis	LOT # 24
Type of Structure:		ION 🗆		Site improvements re	quired prior to Construction Autho	inzation Issuance:
Proposed Wastewater System Type		non	Manue			
Projected Daily Flow:						
Number of bedrooms:	Number of Occ	cupants: <u>6</u>	max	***************************************	,	
Basement 🗆 Yes 🗆 No						
Pump Required: ☐Yes ☐ N	O May be re	quired based on final	location and elev	ations of facilities		_
Type of Water Supply: Comm					Permit valid for:	Five years
Permit conditions:						☐ No expiration
Authorized State Agent:	5 11	1 Lu	2118			
						TACHED SITE SKETCH
The issuance of this permit by the He	ealth Department in no	way guarantees the issue	ance of other perm	ts. The permit holder is r	esponsible for checking with appropria	te governing bodies in meeting
permit is subject to compliance with	t to revocation if the sit	e plan, plat, or the inte ws and Rules for Sewage	ended use changes. Treatment and Dis	The Improvement Permit s	shall not be affected by a change in of	ownership of the site. This
portion to socjett to compliance with	the provisions of the Ca	as and holes for sewage	: Heathrent and Dis	posar and to conditions of	this perint.	
		Const	ruction Au	thorization		
The construction and installation requi	iromants of Rules 1950		equired for Build		and the state of t	
The construction and installation requinstalled in accordance with the attack						
Installed in accordance with the attact ISSUED TO: 14 me Ho Facility Type:	DESTEN B	UIIS	PROPERT	LOCATION: 5014	15 Bowks CH R.	۵
•			SUBDIVISI	ON / PCACE A	et Pauls	LOT # <u>24</u>
Facility Type:	.	🗹 New	□ _ Expan	sion Kepair		
Basement? Yes	No Basement F	ixtures? 🔲 Yes	☑ No			
Type of Wastewater System**	25% itti UC	Mon Susta	(Initial)	Wastewater Flow: _	360 GPD	
(See note below, if applicable [(ב')	,				
	15%NEDO	CROWSysta	3	(Repair)		
Installation Requirements/Condition	<u>tions</u>			. ,		
			$Z \times$		Trench Spacing: 9 Soil Cover: 6	
Septic Tank Size <u>1000</u>		Exact length of	each trench	170 feet	Trench Spacing:	Feet on Center
Pump Tank Size	gallons	Trenches shall b	e installed on c	ontour at a	Soil Cover: 6	inches
		Maximum Trenc	h Depth of: <u>30</u>	\Rightarrow 18 inches	(Maximum soil cover shall	not exceed
		(Trench bottoms			36" above the trench bot	
		in all directions				,
Pump Requirements:	ft. TDH vs	GPM	,		Aggregate Depth: 2	inches below pipe
					Aggregate Depth:	inches above pipe
Conditions:						12inches total
**If applicable: / und	erstand the system	type specified is difi	ferent from the	type specified on the	application. I accept the specif	fications of this permit.
Owner/Legal Representative Sign	ature:				Date:	
Owner/Legal Representative Sign This Construction Authorization is subject to the Construction Authorization is subject to the Construction Authorization is subject to the Construction Authorization and the Construction Authorization and the Construction Authorization and the Construction Authorization and the Construction	ct to revocation if the s	ite plan, plat, or the in	tended use changes	. The Construction Authori	zation shall not be transferred when i	there is a change in ownership
of the site. This Construction Authoriza	tion is subject to compli	ance with the provisions	s of the Laws and	Rules for Sewage Treatmen	t and Disposal and to the conditions	of this permit
				18		TACHED SITE SKETCH
Authorized State Agent:	ameso	/ Vanh	ANT	Date:	5-6-08	
- /	/			ization Expiration D	12to: 57-13	

Harnett County Department of Public Health Site Sketch

γ , ,	PROPERTY LOCATON: SR 1415 RAWLS CH RD	
ISSUED TO: PAlme HO DESTEN BUFID		LOT # 24
Authorized State Agent: Janes & Marks		-
The rection of the re	Date.	

