HTE# 08-5- 20026

Harnett County Department of Public Health 24650

Improvement Permit

· ·	PROPERTY LOCATION: 512/40	13 HARNETT Central	' RS
ISSUED TO: CWW CONTRACTORS	SUBDIVISION QUAE!		LOT # 23
NEW REPAIR EXPANSION	Site Improveme	ents required prior to Construction Authoriza	ition Issuance:
Type of Structure:			
Proposed Wastewater System Type: 25% REDUCTUD System Projected Daily Flow: 360 GPD	£.		
H 1 (1)	****		
Basement Yes No	_max		
Pump Required: ☐Yes ☐ No ☐ May be required based on final h	ocation and playations of facilities		
Type of Water Supply: Community Public Well Distan	ice from well fe	eet Permit valid for:	Five years
Permit conditions:		termit vand for.	☐ No expiration
			— no expiration
Authorized State Agent: James Manhan to)	- A S CEE ATTAC	DEN CITE CULTCU
The issuance of this permit by the Health Department in no way guarantees the issuan	ice of other permits. The permit hold	der is responsible for checking with appropriate a	HED SITE SKETCH
their requirements. This site is subject to revocation if the site plan, plat, or the inten	ded use changes. The Improvement P	Permit shall not be affected by a change in owner	rship of the site. This
permit is subject to compliance with the provisions of the Laws and Rules for Sewage	Treatment and Disposal and to condi	tions of this permit.	The state of the s
<u>Constr</u>	<u>uction Authorizatio</u>	<u>n</u>	
(Reg	uired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19	56, .1957, .1958. and .1959 are inc	corporated by references into this permit and shall	ll be met. Systems shall be
installed in accordance with the attached system layout.			
ISSUED TO: CWW Contractors	PROPERTY LOCATION:	N403 HARNETT CONT	tral
* TO * SOON	SUBDIVISION OVAS	1 GIEN	LOT # <u>~25</u>
Facility Type: SFD New	, .	lepair	
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes	☑ No		
Type of Wastewater System** 25% 2EDUN ON System	(Initial) Wastewater Fl	low: <u>360</u> GPD	
(see note below, if applicable [1])			
259ACDUCTION Systa	(Repair)		
Installation Requirements/Conditions /	7 ./		
	3 × 100	0	
		feet Trench Spacing:9' Fe	eet on Center
· ·	installed on contour at a	Soil Cover: inch	nes
Maximum Trench	Depth of: $24 \rightarrow 18$ in	nches (Maximum soil cover shall not	exceed
(Trench bottoms	shall be level to +/-1/4"	36" above the trench bottom	1)
in all directions)			,
Pump Requirements:ft. TDH vs GPM		6	inches below pipe
		Aggregate Depth: 2	inches above pipe
Conditions:			inches total
**If applicable: I understand the system type specified is differ	rent from the type specified or	n the application. I accept the specificati	ions of this permit.
			·
Owner/Legal Representative Signature:		Date:	
his Construction Authorization is subject to revocation if the site plan, plat, or the inte	nded use changes. The Construction A	authorization shall not be transferred when there	is a change in ownership
of the site. This Construction Authorization is subject to compliance with the provisions of			
Authorized State Agent Times & Mail &	Edd .	SEE ALLACH	HED SITE SKETCH
Authorized State Agencyames EManhant Constru	D	ate: 5 -27-08	_
Constru	action Authorization Expirati	ion Date: \$ -29-/3	

Permit # 24650

Harnett County Department of Public Health Site Sketch

	0.1.1	Contractors Subdivision Quar GIEN LOT # 23					
ISSUED TO: _	CWW	CONTRACTORS	SUBDIVISION _	QUATI GI	(EN)	LOT # _ <i>23</i>	
		as E Manhar					

