## HTE# 08-500-20071R

## Harnett County Department of Public Health

24861

Improvement Permit

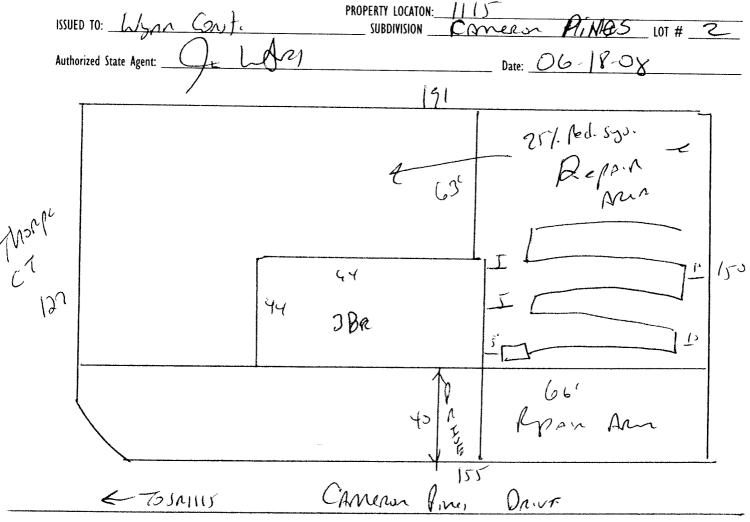
A building permit cannot be issued with only an Impo

h bulliang perint cam	PROPERTY LOCATION: New Scales
ISSUED TO: Wan Cante	SUBDIVISION FOR COMERN + THE LOT # 7
NEW ≠ REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD-63x44-3BA	
Proposed Wastewater System Type: 25% Reduction	y <del></del>
Projected Daily Flow: 36 GPD	
Number of bedrooms: Number of Occupants:	_max
Basement Yes No	
Pump Required:   Yes  No May be required based on final le	
Type of Water Supply: Community Public Well Distan	ce from well So feet Permit valid for: Five years
Permit conditions: Meet on the fore From	1 howard Mintain all Schlach   No expiration
STUB OI Pluby shallow at	grand level or higher where show
Authorized State Agent:	Date: 06-18-38 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	permits. The permit holder is responsible for checking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended 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 Treatment and Disposal and to conditions of this permit.	
Constr	<u>uction Authorization</u>
(Reg	uired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the correlated material forms.	.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.	
ISSUED TO: Worn Conote	PROPERTY LOCATION: SR/115 SUBDIVISION CAMERAN H.// LOT # 2
	SUBDIVISION CAMERAN H.// LOT # >
Facility Type: SFO-GOXYC-3BR New	□ Expansion □ Repair
Basement?  Yes  No Basement Fixtures?  Yes	□ No
Type of Wastewater System** 257 Reduction S	
(See note below, if applicable )	(illinai) Wastewater Flow. See GPD
25/ Medition SS	(Repair)
Installation Requirements/Conditions Number of trench	
	1 0
•	
	Depth of: (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
0 111	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: I understand the system type specified is different from to	he 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 the intended use ch	Date:
construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	ewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
$\left(\begin{array}{cccccccccccccccccccccccccccccccccccc$	THE STATE OF THE S
Authorized State Agent:	Date: 06 11 08
Constru	Date: 06 11 08 uction Authorization Expiration Date: 06 18 000
,	Total Transfer Expiration Date. 116 10 00 10

HTE# 08500-200712

Permit # 24861

## Harnett County Department of Public Health Site Sketch



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Znotall 235 of 25% Reduter System At 18"