HTE#<u>08520-2017</u>7

Harnett County Department of Public Health

24851

Improvement Permit

A building permit cannot be issued with only an Improvement Permit				
Mont D	PROPERTY LOCATI		- T	
ISSUED TO: Kent Proce	SUBDIVISION		Mcy	LOT # <u> (</u>
NEW REPAIR EXPANSION		Site Improvements req	quired prior to Construction Au	thorization Issuance:
Type of Structure: SFO- 36x56-313	,			
Proposed Wastewater System Type: Purp t- 25%	10d-ction			
Projected Daily Flow: 363 GPD Number of bedrooms: 3 Number of Occupant	. 1			· · · · · · · · · · · · · · · · · · ·
Number of bedrooms: Number of Occupar Basement □ Yes ⊠ No	nts: max			
	d based on final location and elevati			
			Dennik at 1	777 r.
Type of Water Supply: Community Public Well Distance from well So feet Permit valid for: Five years Permit conditions: TuB of Plunding Shallow, at Ground end or No expiration				
Where theen names	All sct PACKS	mect ~	ord senistro	─ No expiration
	S EST JE I J (ME)	1 Sey - CY	(). 10	
Authorized State Agent::	Date: (06-07-0	SEE 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 bodies in meeting their requirements. This				
site is subject to revocation if the size plan, plat, or the intended use char	nges. The Improvement Permit shall not be aff	fected by a change in owne	rship of the site. This permit is subje	ct to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of	it this permit			
	C	1 • .•		
	Construction Aut	<u>norization</u>		
	(Required for Buildin	g Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.	, .1955, .1956, .1957, .1958. and .1959 are	incorporated by references	into this permit and shall be met. Sy	stems shall be installed in accordance
WOULD TO			00	
ISSUED TO: PROPERTY LOCATION: (2)				
550 00 00 00		1 LAUR	el WAlley	LOT # <u> </u>
Facility Type: SFO-36×56-301 New Expansion Repair				
Basement? Yes No Basement Fixtur				- /
Type of Wastewater System** 25% Codenting June (Initial) Wastewater Flow: 700 GPD				
(See note below, if applicable)	2 (2)			
100 1	Ponel Black	(Repair)		
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size 1000 gallons	Exact length of each trench	50 feet	Trench Spacing:	Feet on Center
	Trenches shall be installed on con		Soil Cover:	inches
-		821 inches	(Maximum soil cover sha	
	(Trench bottoms shall be level to		36" above the trench	
	in all directions)		30 above the trench	bottomi
	GPM			inskie kalem nine
. ump nedunements	OI II			inches below pipe
Conditions			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system time and if I is	J.C C			
**If applicable: I understand the system type specified is	ainterent from the type specified	on the application.	I accept the specifications	of this permit.
Owner/Legal Representative Signature: Date:				
/ner/Legal Representative Signature:				
1 composition of the	A	vishozat ann to me conditio	ns or any permit.	EE ATTACHED SITE SKETCH
Authorized State Agents	Mi		260700	
Authorized State Agent: Date: 06-07.08				
Construction Authorization Expiration Date: じしっのファ 2013				

Harnett County Department of Public Health Site Sketch

