## HTE# 08 500-20178 Harnett County Department of Public Health

24800

Improvement Permit

A building permit cannot be issued with only an Impr

1	PROPERTY LOCA	, , , , , ,		
ISSUED TO: Kent Prince	SUBDIVISION _		· · · · · · · · · · · · · · · · · · ·	LOT # 5
NEW REPAIR □ EXPANSION [	7		uired prior to Construction	
Type of Structure: SFD 31 x 52 - 3  Proposed Wastewater System Type: 25 - 12 Ped.	300			
Proposed Wastewater System Type: 25% Red.	tops note			
Projected Daily Flow:GPD				
Number of bedrooms: Number of Occupants	:max			
Basement Yes No		A		
Pump Required:   Yes   No   May be required based on final location and elevations of facilities				
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years				
Permit conditions: 5TuB Ort Munday shallow, at grand level or higher 10 No expiration				
Likere shown. Maintain A	MSet BACK'S	meet on	· <u> </u>	
Authorized State Agent:: () _ (AC)	Date:	06-03-28	( c	EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees				
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 t	his permit.			
	Construction Au	tharization		
	Construction Au			
The construction and installation requirements of Rules .1950, .1952, .1954, .	Required for Build		into this normit and shall be met	Sustante shall be installed in accordance
with the attached system layout.	1735, 11730, 11737, 11730. and 11737 an	e meorporated by references	meo uns permit and snan be met.	systems shall be instance in accordance
- L-1 0		Mc	<b>3</b> • •	
ISSUED TO: Cent Proce			<u>გე</u>	
500 71 - 701	SUBDIVISIO		( Vally	LOT # <u></u>
Facility Type: SFO - 3/x51 - 7BA	New 🗆 Expans	ion 🗆 Repair	U	
Basement?	? 🗆 Yes 🔎 No			
Type of Wastewater System** 25% (led-itis - System (Initial) Wastewater Flow: <u>JW</u> GPD				
(See note below, if applicable [7]	tur system	(Repair)		
Installation Requirements/Conditions No	ımber of trenches	(		
Septic Tank Size 1000 gallons Ex	act length of each trench	150 feet	Trench Spacing:	Feet on Center
,	enches shall be installed on co		Soil Cover:	inches
	aximum Trench Depth of:		(Maximum soil cover	
	rench bottoms shall be level t		36" above the trend	
· ·	all directions)	, ,,,	Jo above the trene	n bottom)
Pump Requirements:ft. TDH vs G	,			inches holow nine
- amp requirements:			Aggregate Depth:	inches below pipe inches above pipe
Conditions:				inches above pipe
conditions.				miches total
**If applicable: I understand the system type specified is a	different from the type specific	ed on the application	I accent the specification	ns of this parmit
	merene nom une type speeme	a on the apprecation.	r accept the speemeation	is of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:				
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.				
\				
Authorized State Agent:	.)	Date:	06.07.08	,
	Construction Authori	zation Expiration Na	ate: $06.00$	n17
I .	CONSTRUCTION AUGINE	LULIUN LADNAUUN U/		

## Harnett County Department of Public Health Site Sketch

