HTE# 08-5-20205

Harnett County Department of Public Health

24812

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

^		OCATION: 571400 ROLLOS MELLO	
ISSUED TO; MANTE And GREG SNEW	SUBDIVISION		LOT # <u>Z</u>
NEW REPAIR REPAIR EXPANSION	V []	Site Improvements required prior to Construction Author	nrization legiance:
Type of Structure:	. —	sice improvements required prior to constitution rather	"12auon 133uance.
Proposed Wastewater System Type: 25% REDUCTO	on Sustan		
Projected Daily Flow: 480 GPD	7		
	ants: <u>8</u> max		
Basement ✓Yes □ No	max		
/	red based on final location and el	evations of facilities	
Type of Water Supply: Community Public	Well Distance from well	feet Permit valid for:	Five years
Darmit conditions.	The Product from Hell		☐ No expiration
			and expiration
	1 10 18		
Authorized State Agent:	Juli.		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	tees the issuance of other permits. The per	rmit holder is responsible for checking with appropriate governing bodies	in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement Permit shall not	be affected by a change in ownership of the site. This permit is subject t	o compliance with the provisions of
the same and his of senage meaning and hisposal and to conditions	or uns permat.		
	Construction	uthorization	
	Construction A		
TI CONTRACTOR OF THE CONTRACTO	(Required for Bu		
The construction and installation requirements of Rules .1950, .1952, .19. with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959	P are incorporated by references into this permit and shall be met. System	is shall be installed in accordance
occurs to Marill (1)	/		
Facility Type: SFD Basement? Yes No Basement Fixtu	g/PROPER	RTY LOCATION: 5721408 Polligos Men 6	2014
	SUBDIVI	SION	LOT # _ <u>Z</u>
Facility Type:	🗹 New 🗆 Expa	ansion 🗆 Repair	
Basement? 🗹 Yes 🔲 No 🛮 Basement Fixti	ures? Yes 🗆 No		
Type of Wastewater System** Mout the to	25% REDOCTIONS	(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable)	7	()	
	25% REDOUTED	(Repair)	
Installation Requirements/Conditions	Number of trenches 3	(nepun)	
Septic Tank Size 1200 gallons		11.5	
,	Exact length of each trench	, 0	
Pump Tank Size 1000 gallons	Trenches shall be installed on		
MANITER Specs 2" supply - 2" Pressuated	Maximum Trench Depth of:		not exceed
2" supply - 7" pressulted	(Trench bottoms shall be leve	to +/-1/4" 36" above the trench both	ttom)
12 sol MONAWES	in all directions)		
Pump Requirements:ft. TDH vs	GPM	6	inches below pipe
		Aggregate Depth: Z	inches above nine
Conditions:			inches below pipe inches above pipe /Z inches total
			inches total
*If applicable: / understand the system type specified	is different from the type spec	ified on the application. I accept the specifications of	this parmit
7,500	a universe nom the type spee.	med on the application. I accept the specimeations of	uns permu.
Owner/Legal Representative Signature:		Date:	
his Construction Authorization is subject to revocation if the site plan, pla	at, or the intended use changes. The Const	ruction Authorization shall not be transferred when there is a change in	nwnership of the site This
onstruction Authorization is subject to compliance with the provisions of			ATTACHED SITE SKETCH
			THE PARTY OF THE P
uthorized State Agent: James & M	Nail for	() 1 12 10 0	
authorized State Agent.	MANY	Date: 6-12-08 orization Expiration Date: 6-12-03	
()	Construction Author	orization Expiration Date: 6-12-03	

Harnett County Department of Public Health Site Sketch

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-21	PROPERTY LOCATON: 54 /400	1 RollENS MELL RA	
ISSUED TO: MANH + Gray Swend	SUBDIVISION		_ LOT # <u>~</u>
Authorized State Agent James & Ma	Later	Date: 6-12-08	
Authorized State Agents James 5 Man	NORFOIK-SOUTHERN 222 WOODS LENSE USO/O WOODS WO	PXX 1006 1006 1006 1006	
	I Repair And	to sat or to sat	s sheet!
	WOODS THE		
	CLFC		

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