## HTE# <u>のお-Sou-206</u>19 Harnett County Department of Public Health

24958

Improvement Permit

A building permit cannot be issued with	
	110N: 112 T
	Good Shine LOT # 219
NEW REPAIR EXPANSION EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD-56x56 4BR	
Proposed Wastewater System Type: 257- Reduction Jy.	
Projected Daily Flow: 433 GPD	
Number of bedrooms: Number of Occupants: max	
Basement Yes No	
Pump Required: □Yes □ No → May be required based on final location and elevan	ions of facilities
Type of Water Supply: Community Public Well Distance from well	10.50 feet Permit valid for: Five years  OU AT SCOUNT / TVC/   No expiration
Permit conditions: Sussot (/wbing small=	AT SNOWNY /TVC/ I No expiration
or higher where othors	
$\frac{1}{1}$	OB-15-0X CEE ATTACHED SITE SWETCH
Authorized State Agent:  Date:	JEE ATTACHED SHE SKEICH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be a	holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nected by a change in ownership of the site. This period is subject to compliance with the provisions of
Construction Aug	horization
(Required for Building	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are with the attached system layout.	incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Kenneth Cummings PROPERTY	LOCATION. //2 IT
PROPERITOR CUIDANICIO	
SUBDIVISIO	
Facility Type: SFD 5656 4 31 New Expansi	on 🗆 Repair
Basement?  Yes No Basement Fixtures? Yes No	• 413
Type of Wastewater System** 25% Adult System	(Initial) Wastewater Flow: <u> </u>
(See note below, if applicable 54)	
160 1 Vanel Block	(Repair)
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons Exact length of each trench	210 feet Trench Spacing: 9 Feet on Center
Pump Tank Size gallons Trenches shall be installed on co	. 0
Maximum Trench Depth of:	7 - 1
· · · · · · · · · · · · · · · · · · ·	,
(Trench bottoms shall be level to	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
**If applicable: I understand the system type specified is different from the type specified	d on the application. I accept the specifications of this permit
The specimen of the specimen s	on the appreaution raccept the specimations of this perimit.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature:	on 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 the Laws and Rules for Sewage Treatment and	Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
A.	
Authorized State Agent:	Date: OX:15-3x
Control State Agent	Tation Expiration Date: 08-15-28
/ Construction Authoriz	ation expiration vate: 08-150513

## Harnett County Department of Public Health Site Sketch

	k ii c	PROPERTY LOCATON: 1125	
ISSUED TO:	Keggeth Commy		
Authorized State A	gent: Ja CAV		Date: 08-15-58
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