HTE# 08-500-20627 Harnett County Department of Public Health

24899

Improvement Permit A building permit cannot be issued with only an Improvement Permit

Cab Han	PROPERTY LOCA	TION HOOV	4	
ISSUED TO: STR HOME)	SUBDIVISION _	Pers m	on H.11	LOT # <u>55</u>
NEW REPAIR EXPANSION		Site Improvements re	quired prior to Construc	tion Authorization Issuance:
Type of Structure: SFD - 52x +7 - 43n				
Proposed Wastewater System Type: 25% Reduction				
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants: 8	max			
Basement □Yes 🖼 No				
Pump Required: ☐Yes ☐ No ☐ May be required based on				
Type of Water Supply: Community Public Well	Distance from well	ios feet	Permit va	alid for: Five years
Permit conditions: 5700 at Plumbing St	Allou w	ere show	in / At SRI	>>> Sometimes □ No expiration
level or higher. Mindain A	11 Jet BACK	-1		
<u> </u>		3		
Authorized State Agent:	Date: _	08-01-0	8	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the ate plan, plat, or the intended use changes. The Impro	of other permits. The permit	holder is responsible for ch	cking with appropriate govern	ning bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	wement remine shan not be	anected by a change in own	ership of the site. This permit	is subject to comphance with the provisions of
(0)	netruction Au	tharization		
<u>C0</u>	nstruction Au	<u>liiorization</u>		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, with the establish gratery leaves	, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be	met. Systems shall be installed in accordance
with the attached system layout.		1.2		1
ISSUED TO: S9 K Hone!	PROPERTY	LOCATION: H	20 W/ 1	1
	CHRUNKIN	IN 100 2 5 1	Mars H. I	/ LOT # 5.F
Facility Type: SFD-52X42-43R New PROPERTY LOCATION: HOOVER MY SUBDIVISION PC2 Si mmon H. II LOT # ST Expansion Repair				
Basement? Yes No Basement Fixtures? Yes No				
Time of Westman Continues and Dasellient Fixtures?	15 NO	م ملہ م	4	. (6)
Type of Wastewater System** Rung 7- 25%.	141-tun	1917UZ	(Initial) Wastewa	ter Flow: 480 GPD
(See note below, if applicable)	1-11			
my 7. 21 /.	Reductionly	<u>((</u> Repair)		
Installation Requirements/Conditions Number of			ı	9
	th of each trench	363 feet	Trench Spacing:	7 Feet on Center
Pump Tank Size 100 gallons Trenches sh	nall be installed on co	ontour at a	Soil Cover:	inches
	French Depth of: 🗘	S inches	(Maximum soil co	ver shall not exceed
	ttoms shall be level to		36" above the ti	
in all direct		,	30 above the ti	Tenen Bottom)
Pump Requirements:ft. TDH vs GPM				inches balaw nine
Tamp ReduitementsR. 1911 73 0111			Aggragata Danthi	inches below pipe
Conditions:			Aggregate Depth:	inches above pipe
Conditions:				inches total
		·		
	· · · · · · · · · · · · · · · · · · ·			
**If applicable: / understand the system type specified is different in	from the type specifie	d on the application.	I accept the specifica	ations of this permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended	ed use changes. The Construc	tion Authorization shall not b	e 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 Rul				SEE ATTACHED SITE SKETCH
<u></u>				
Authorized State Agent:				
Construction Authorization Expiration Date: $OR OS OS$				
/ ,	Lonstruction Authori	zation Expiration D	ate: 🕖 🐧 🖰 🕽	10015

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Harnett County Department of Public Health Site Sketch

