HTE# 08.500-20735 Harnett County Department of Public Health

24978

<u>Improvement Permit</u>

A ()	PROPERTY LOCATION:, 1277	Permit	
ISSUED TO: DAVIE TAYLOR		havan	LOT #
NEW REPAIR □ EXPANSIO		quired prior to Construction Authorization	
Type of Structure: SFA 42x43 - 1		Junea buot to construction Anthonizati	on issuance. O+ G 1 A
Proposed Wastewater System Type: 27% Red-			
Projected Daily Flow: 485 GPD			
Number of bedrooms: Number of Occup	pants: 8 max		
Basement Yes No			
Pump Required: □Yes □ No ► May be requ	ired based on final location and elevations of facilities		
Time of Water Complex Community Dublic	□ Wall Big of Date ()	Permit valid for:	Five years
Permit conditions: 5743 Oct flun	by shallow At snowd	level or high	☐ No expiration
Maintain All Sit DAIL	5 - met ont		,
Authorized State Agent:	Date: <u>08 - 27 - 0</u>		ED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is responsible for che changes. The Improvement Permit shall not be affected by a change in owne	cking with appropriate governing bodies in meet	ing their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit.	ersnip of the site. This permit is subject to comp	liance with the provisions of
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be mor Systems shall	he installed in accordance
with the attached system layout.	the state of the s	me and permit and share be met. 375tems share	be instance in accordance
ICCUED TO ON ST	125	າ 7	
ISSUED TO: JAVIZ Taylor	PROPERTY LOCATION: 12°	7	
SEA GLU VOA	,	Buchavar	LOT #
Facility Type: SFD 42x4 - 43A	,		8.61 m
Basement? Yes No Basement Fix		(C
	eduction system	(Initial) Wastewater Flow: $\frac{\zeta}{2}$	GPD GPD
(See note below, if applicable Divide	Blacks		
	(Repair)		
Installation Requirements/Conditions	Number of trenches	5	
Septic Tank Size / O > gallons	Exact length of each trench <u>QYs</u> feet	. • — — — — — — — — — — — — — — — — — —	et on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inche	
	Maximum Trench Depth of: 18-24 inches	(Maximum soil cover shall not o	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM		
		Aggregate Depth:	inches above pipe
Conditions:			inches total
**If applicable: / understand the system type specified	is different from the type specified on the application.	I accept the specifications of this	permit.
, , ,	,, ,	, , , , , , , , , , , , , , , , , , , ,	
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, p	olat, or the intended use changes. The Construction Authorization shall not b	e transferred when there is a change in ownersh	nip 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 condition	ons of this permit. SEE ATTA	ACHED SITE SKETCH
,	101		00 4 70000
Authorized State Agent:	Mata:	Ox. 27-0x	
Je J	Construction Authorization Expiration Date:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	- 7
,	CONSTRUCTION AUTHORIZATION EXDITATION D	ate. シェス・スノー スピノー	1

HTE# <u>08.50025735</u> Harnett County Department of Public Health Site Sketch

Authorized State Agent:	TAYLOR - CANI 646	PROPERTY LOCATON:SUBDIVISION		127-08	LOT # 8-67
Ama Maria		HSPA:n Amor 43R	45'	Mair All s Zosta Dyona Nedwit	jet Packs