HTE# 08-5-20756

## Harnett County Department of Public Health

25015

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

0 6 11	PROPERTY LOCA			
ISSUED TO: OAK CRY HOMES		BALLARD W	9005	LOT # 110
NEW X REPAIR □ EXPANSION □		Site Improvements rea	quired prior to Construction Autho	rization Issuance:
Type of Structure: SFO (60'x60')		·	, ,	
Proposed Wastewater System Type: Pump To 25%	RED. Sys.			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants:	← max			
Basement 🗆 Yes 🔀 No				
	pased on final location and eleva	ations of facilities		
Type of Water Supply: ☐ Community ➤ Public ☐ Permit conditions:	Well Distance from well	100 feet	Permit valid for:	⊭ Five years □ No expiration
Authorized State Agent::	es Date:	7 24 08	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes the Laws and Rules for Sewage Treatment and Disposal and to conditions of the	. The Improvement Permit shall not be a	holder is responsible for che affected by a change in owne	cking with appropriate governing hodies i	n meeting their requirements. This
	Construction Au	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .f			into this permit and shall be mot Sustan	e chall he installed in accordance
with the attached system layout.	,,,,,, and,	e incorporated by references	into this permit and shall be met. System	2 2119th the initiation in accordance
ISSUED TO: OAK CMY HOMES	PROPERTY	LOCATION:		
_		ON BALLAGO	) Wa- 02	10T # 1\ m
Facility Type: SFD (60'×60')			2 110005	F01 # 7/Q
		ion 🗆 Repair		
Basement?  Yes  No Basement Fixtures?				
	10 REDUCTION SYS	ZEW	(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable $\square$ )				
LPP		_(Repair)		
Installation Requirements/Conditions Nu	mber of trenches	_(		
	act length of each trench	300 feet	Trench Spacing: 9	[ C
·				
	nches shall be installed on co	4-		inches
	cimum Trench Depth of:		(Maximum soil cover shall	not exceed
(Tre	ench bottoms shall be level to	0 +/-1/4"	36" above the trench bot	tom)
in :	all directions)			,
Pump Requirements:ft. TDH vs GP	M			inches below pipe
			Aggregate Depth:	• •
Conditions: More O. Sicc and D. o. O.	and the form	\	Aggregate Depth:	
Conditions: MEET ON SITE W/ ANY QUE TRIPORTY AGREEMENT REQUIRED PO	01 30121 CURE 10	INSTACLATO	<i>₽</i>	inches total
INCIANCE HOUSEMENT KEDUNGO 16	-10R 10 UPERATION	15 TERMIT PE	ING JERNED	
**If applicable: I understand the system type specified is di	ifferent from the type specifie	d on the application.	I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the sive plan, plat, or	the intended use changes. The Construct	tion Authorization shall not b	e transferred when there is a change in o	•
onstruction Authorization is subject to compliance with a provisions of the La	ws and Rules for Sewage Treatment and	Disposal and to the condition	ns of this permit. SEE	ATTACHED SITE SKETCH
				MEDICAL TO A STATE OF THE STATE
Authorized State Agent:	The Pr	Date:	9/24/08	
0 33	Construction Auch			
	CONSTRUCTION AUTNOYIZ	zation expiration Da	ite: 9 24 13	

## Harnett County Department of Public Health Site Sketch

