HTE# 08-503 20875

Harnett County Department of Public Health

24993

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

4 0 0 1	PROPERTY LOCA	TION: 1139	it remat	
ISSUED TO: AU Contracting	_ SUBDIVISION _	Tiwsen	Rd	LOT # 73
NEW REPAIR EXPANSION EXPANSION		Site Improvements r	equired prior to Construction	Authorization Issuance:
Type of Structure: SEO - 47 x 35 - 3 BR				
Proposed Wastewater System Type: Pum 1-25% Adultion Projected Daily Flow: 360 GPD	_195.			
Number of bedrooms: 3 Number of Occupants: 6	may			
Basement Tyes SNo	IIIax			
Pump Required: Thes	ocation and eleva	tions of facilities		
Type of Water Supply: Community Dublic Well Distan	nce from well		Permit valid	for: Five years
Permit conditions: Meet Ons to for final Le			All Sct BACK	□ No expiration
2/4/3 Out (Mybing Shallow A) G	Round	level or	righer when	
Authorised State Annual State Outhor Con I	OC MAIN	HAIWED M	my may not	be Reguired
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other		19-18-08	hacking with appropriate assuming	SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	Permit shall not be a	iffected by a change in ow	necking with appropriate governing nership of the site. This permit is	bodies in meeting their requirements. This subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit		, ,		, and promote of
<u>Constr</u>	uction Au	<u>thorization</u>		
(Reg	quired for Buildi	ng Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957,	.1958. and .1959 are	incorporated by reference	s into this permit and shall be me	t. Systems shall be installed in accordance
with the attached system layout.				
ISSUED TO: Hy Contracting	PROPERTY	LOCATION: 113	9	
8		N TIWSER		LOT #73
Facility Type: STO 47x35 3BA New	☐ Expans			
Basement? Yes Basement Fixtures? Yes	-□-No .	· · · · · · · · · · · · · · · · · · ·		
Type of Wastewater System** Yes Yes	-t10~ 5	intern.	(Initial) Wastewater	Flow: 36 GPD
(See note below, if applicable)	`		,	
25% Neduction S	<u>545. </u>	_(Repair)		
Installation Requirements/Conditions Number of trench	hes		<u> </u>	
Septic Tank Size Ooo gallons Exact length of e			Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons Trenches shall be		→	Soil Cover:	inches
Maximum Trench			(Maximum soil cover	
(Trench bottoms	shall be level to	+/-1/4"	36" above the tren	ch bottom)
in all directions)				
Pump Requirements:ft. TDH vs GPM				inches below pipe
C 4:4:			Aggregate Depth:	inches above pipe
Conditions:				inches total
**!!				
**If applicable: I understand the system type specified is different from t	the type specified	d on the application	n. I accept the specification	ns of this permit.
Ounce/Logal Banaca-tating Comments			_	
Owner/Legal Representative Signature:	71.6		Date:	
construction Authorization is subject to revocation if the site plan, plat, or the intended use c Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Si	hanges. The Construct	on Authorization shall not	be transferred when there is a cha	
and the province of the configuration of the Laws and Killes for Si	ewage treatment and	nishozai aud to the coudi	ions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:		.	25-14 2V	,
Authorized State Agent: Date: 09-18-08				
Construction Authorization Expiration Date: 09-18-2013				

Harnett County Department of Public Health Site Sketch

