HTE# 08-5-20933

Harnett County Department of Public Health 25039

Improvement Permit

A building permit car	nnot be issued with	only an Improvement	t Permit 2	
TE 0			VILLE CHURCH R	2
ISSUED TO: JS PROPERTIES	SUBDIVISION	ZUASTIN ON	NS.	LOT # <u>\</u> 9
NEW X REPAIR U EXPANSION U Type of Structure: SED (84べるら)		ite Improvements re	quired prior to Construction Author	orization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SYSTE.	<u> </u>			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants: 6	max			
Basement □Yes ⋈ No				
Pump Required: ☐Yes ☐ No ☒️ May be required based on final	location and elevation	ns of facilities		
Type of Water Supply: Community Public Well Dista	nce from well	PÒ feet	Permit valid for:	Five years
Permit conditions:		TO CO	remme tand jor.	☐ No expiration
141111				in to expiration
Authorized State Agent::	Date: 1	0 ४ ०८	CEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of oth	er permits. The permit ho	lder is responsible for the	cking with appropriate governing hadies	INCHED SHE SACIUM
site is subject to revocation if the site plan, plat, or the intended use changes. The improvemen	t Permit shall not be affe	cted by a change in owner	ership of the site. This permit is subject to	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		, ,	,	to the provisions of
<u>Consti</u>	ruction Auth	<u>orization</u>		
<u>(Re</u>	quired for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout.	, .1958. and .1959 are in	corporated by references	into this permit and shall be met. System	ns shall be installed in accordance
ISSUED TO: JS PROPERTIES	PROPERTY LO	OCATION: CRES	OUKS EKRAISTE CHOS	ch lo
Facility Type: SFO (84"×55") New	SUBDIVISION	JAYLIN	OAKS	101 # 19
Facility Type: SFO (84 ×55) New	☐ Expansion	Renair		
Basement? ☐ Yes 🔀 No Basement Fixtures? ☐ Yes	No.			
Type of Wastewater System** 25% REDUCTION	SYSTEM		(I.::4:-1) Alt	3640 000
(See note below if applicable [])	73161		(Initial) Wastewater Flow:	GPD
(See note below, if applicable [])				
25% REDUCTION S.		Repair)		
Installation Requirements/Conditions Number of trend			0	
Septic Tank Size <u>LOOO</u> gallons Exact length of	each trench 23	SOfeet	Trench Spacing: 9	Feet on Center
	e installed on cont		· - 4	inches
· ·	Depth of:\8		(Maximum soil cover shall	
	shall be level to -			
•		F/-1/4	36" above the trench bot	tom)
in all directions)				
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			00 0 1 <u></u>	inches total
				menes total
** If annivable: I understand the system type specified is different from	the transcript		1	
**If applicable: I understand the system type specified is different from	ine type specinea i	on the application.	I accept the specifications of	this permit.
A (I I I I I I I I I I I I I I I I I I I				
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plant, plat, or the intended use	changes. The Construction	Authorization shall not be	transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to compliance with the provision of the baws and Rules for	Sewage Treatment and Dis	posal and to the conditio	ns of this permit. SEE	ATTACHED SITE SKETCH
The state of the s				
Authorized State Agent:	E S	Date:	10/8/08	

Consti	ruction Authorizat	ion Expiration Da	ite: 10 8 13	

HTE#	08	-5-	209	33

Permit # <u>25039</u>

Harnett County Department of Public Health Site Sketch

- 0	PROPERTY LOCATON: CREEKSYILLE CHURCH &	
ISSUED TO: US PROPERTIES	SUBDIVISION JAYLIN OAKS	LOT # 19
Authorized State Agent:	QS OLIVER TOLKSON Date: 10 9 67	

