HTE# 08500-21095

Harnett County Department of Public Health

25086

Improvement Permit

	PROPERTY LOCATION: // / /	come	
ISSUED TO: (umberland Homes	SUBDIVISION Ashe ford	10)T # 6 7
NEW REPAIR □ EXPANSION □		required prior to Construction Authorization Issual	
Type of Structure: SFD - 57x 41 - 3BR		The second secon	ice.
Proposed Wastewater System Type: 25% Red-chan Sys	-		×
Projected Daily Flow: 360 GPD			
Number of bedrooms: Number of Occupants: (a	max		
Basement □Yes ►No			
Pump Required: ☐Yes ☐ No ☐May be required based on fin	al location and elevations of facilities		
Type of Water Supply: Community Public Well Di	stance from well _/ feet	Permit valid for: 🔀 Five	years
Permit conditions: Mect Drit for Final 4	agot maintain	All set BACK) 10 No.	expiration
Permit conditions: Mect Drik for tinal 4 STUB Out Plumbing Shallow at	grand level or his	the where show	
Authorized State Agent:	Date: 10-20-08	SEE ATTACHED SITE	SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of site is subject to revocation if the site plan, plat, or the intended use changes. The Improver the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	other permits. The permit holder is responsible for c nent Permit shall not be affected by a change in ow	hecking with appropriate governing bodies in meeting their nership of the site. This permit is subject to compliance with	equirements. This the provisions of
<u>Cons</u>	struction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1 with the attached system layout.	957, .1958. and .1959 are incorporated by reference	es into this permit and shall be met. Systems shall be installe	ed in accordance
Pump Tank Size gallons Trenches shali Maximum Tre	Syltan (Repair) enches (Repair) of each trench feet i be installed on contour at a nch Depth of: (Repair) feet i be installed on tontour at a nch Depth of: (Repair)	Trench Spacing: Feet on Ce Soil Cover: inches (Maximum soil cover shall not exceed 36" above the trench bottom) Aggregate Depth: inche	es below pipe
**If applicable: I understand the system type specified is different fro.	m the type specified on the applicatio.	n. I accept the specifications of this permit.	
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended i	ise changes. The Construction Authorization shall not	be transferred when there is a change in ownership of the	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules	for Sewage Treatment and Disposal and to the condi	itions of this permit. SEE ATTACHED S	ITE SKETCH
Authorized State Agent:	Date:	10,20,08 Date: 10,20,3013	
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Harnett County Department of Public Health Site Sketch

	Site Sketch		
Authorized State Agent: Oc UNI	PROPERTY LOCATON: 111 SUBDIVISION Asha Call	l	
Respiration of the state of the	Med only Layort Maintain Znitall Redicts 18" max Stußous Shallow orhighe	* 23 * 23 ~ 50 0. to 0. to	

meet ansite for Final LAYOH MAINTAIN All Set BACK, Install \$ 235 / 25%. Reduction system at 18" max Outen Depth STUBOL Plumbing Shallow, at ground level orhigher where shown

LOT # (07