HTE#08500-21247

Harnett County Department of Public Health

25205

Improvement Permit

A building permit cannot be issued with only an Improvement

A	PROPERTY LOCA	TION: 1133	t i ciniit	
ISSUED TO: Y. Walh Cont.	SUBDIVISION	Tingen Pli	ACC	LOT # 5 Z
NEW			quired prior to Construction	
Type of Structure: JFD 38x37.3DA				
Proposed Wastewater System Type: 25% Reduction 5 1th	a - Purp			
Projected Daily Flow: 345 GPD	·			
Number of bedrooms: Number of Occupants:	max			
Basement 🗆 Yes 😾 No				
Pump Required: □Yes □ No → Aay be required based on fin	ial location and eleva	itions of facilities		
	stance from well	(2) feet	Permit valid	for: 🗷 Five years
			Plumbing shall	
At & going level och the where	7	nd, f, 18+3	24" (the 1	Inthe con be
MAINTAINED Then Play May No	-	winecl	<i>.</i>	
Authorized State Agent:	Date: _		1-08	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	other permits. The permit	holder is responsible for ch	ecking with appropriate governing	bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nene i erinie man noe be	anected by a change in own	ersuith of the 24te. This betilit is t	subject to compliance with the provisions of
Cons	struction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1	957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be me	t. Systems shall be installed in accordance
with the attached system layout.		,		or systems shall be instance in accordance
ISSUED TO: O. Walsh Cont.	DAGDERT	100171011 110	٦ د	
1330ED 10: 0. W/x 1311 CONST.		LOCATION: 115		
1 1 CEO 2012 200 5 11	ZORDIAIZIO	N Tinger	MACL	LOT # <u>52</u>
Facility Type: SFD 38x37 3BR Ne	w _ 🗆 Expans	ion 🗌 Repair		
Basement? Yes Basement Fixtures? Yes	No	1		~ .
Type of Wastewater System** Juny 1- 25% Med	uction sy	orn	(Initial) Wastewater	Flow: کمک GPD
(See note below, if applicable) Pump + 25% Pu	duction Sy	(Repair)		
Installation Requirements/Conditions Number of tr	/ 9			
Septic Tank Size 1000 gallons Exact length	of each trench	feet	Trench Spacing: 9	Feet on Center
	l be installed on co	ontour at a	Soil Cover:	inches
		8 2 4 inches	(Maximum soil cover	
F Waga	ms shall be level t		36" above the tren	
in all directio		0 - 7-17-1	Jo above the tien	ch bottom,
Pump Requirements:ft. TDH vs GPM	113)			
ramp negarementsit. 1011 45 0111			D . d	inches below pipe
Conditioner			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified is different from	m the type specifie	d on the application.	. I accept the specification	ons of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended of				ange in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules				SEE ATTACHED SITE SKETCH
Authorized State Agent: ()		Date:	11-24-28	
1	nstruction Authori	zation Expiration D		3
,	weller i Rullivii	EGGIVII EANIIALIVII V	411. 11 1 1 6 6 1	

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Harnett County Department of Public Health Site Sketch

		\sim 1		OCATON:		
	ISSUED TO: D. Ualsh	Jert.	SUBDI	VISION Tinge	en Place	LOT # <u></u>
	Authorized State Agent:	for LIRS			Date: 11-24-	08
DE HASEMENT	Authorized State Agent:	As' Ps' 25/c feduto Ryain Ann		1	Date: 11-24.	inte for Final
		34	2			