HTE# 08.500-21264

Harnett County Department of Public Health

25211

Improvement Permit

A b	uilding permit cannot be issued wi			
ISSUED TO: Wester Cont.		ATION: 213		
	SUBDIVISION _		Robertson	LOT # <u>9</u>
NEW REPAIR EXPANSION		Site Improvement	ts required prior to Constructio	n Authorization Issuance:
Type of Structure: SFO - 52x 32 -	<u> </u>			
Proposed Wastewater System Type: 25% Red-	40- Jys-			
Projected Daily Flow: 36 GPD				
Number of bedrooms: Number of Occupal Basement □Yes ☒ No	nts:max			
	4 4 4 C 1 1 - 2			
Type of Water Supply: Community	d based on final location and elev	ations of facilities	D ' !'	1. (
Permit conditions: Meet 2011 fr. de-	Encal Lana +	100 1eet	all GLPAK	for: Five years
Type of Water Supply: Community Public Permit conditions: Meet on te for STUB Out Chimbing of	Allow At 6001	od level	xhicher I u	No expiration
	111000 , FT 1 31100	17161 70021	angra W	100 / 100 m
Authorized State Agent::	Date:	11.26-3	28	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante	es the issuance of other permits. The permi	t holder is responsible f	or checking with appropriate governing	bodies in meeting their requirements. This
site is subject to revocation if the afte plan, plat, or the intended use cha	nges. The Improvement Permit shall not be	affected by a change in	ownership of the site. This permit is	subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit			
	Construction Au	thorization		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.			ences into this permit and shall be m	et. Systems shall be installed in accordance
1/4/2				
ISSUED TO: Wester Const.	PROPERTY	/ LOCATION: 🎾	138	LOT # 2
500 00 100 00	SUBDIVISI	ON James	1 Robertson	LOT # <u>\$</u>
Facility Type: <u>5FD-52x32-38</u>	<u>re</u> yew ∟ expan	sion 🗆 Rep	pair	·
Basement? Yes No Basement Fixtur				- 3
Type of Wastewater System** 25% / /e/	Inction System	_	(Initial) Wastewater	r Flow: 763 GPD
(See note below, if applicable)	action System		,	
		(Repair)		
	Number of trenches	20 (9
	Exact length of each trench			7 Feet on Center
•	Trenches shall be installed on c	_	Soil Cover:	inches
	Maximum Trench Depth of:		\	
	(Trench bottoms shall be level t	0 +/-1/4"	36" above the trea	nch bottom)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: / understand the system type specified is	different from the type specific	ed on the applica	tion. I accept the specificati	ions of this permit
, , ,	7/- 4		nom , accept the specimean	ons or this permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat.	or the intended use changes. The Construe	tion Authorization shall		sange in ownership of the city. This
Construction Authorization is subject to compliance with the provisions of th	e Laws and Rules for Sewage Treatment and	d Disposal and to the co	anditions of this permit	SEE ATTACHED SITE SKETCH
A	and the same of th	and to the ti	The second of the periods	THE THIRD SHE SALICH
Authorized State Agent:	21		11.11. AV	
MULLIOTIZEU STATE ABELIT.		Dat	te: 1124-08 n Date: 1124-20	10
1	Construction Author	ization Expiratio	n Date: 11 24 20	13

HTE#	08.50	၁ - ၂	126	4
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SLNIZK

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Permit # 25211

Harnett County Department of Public Health Site Sketch

		SHER	Sketch	
	ISSUED TO: Wester Cont.	PROPERTY LOCA	OCATON: 2136 VISION JAMU Robertson LOT # 9	
	Authorized State Agent:		Date: 11.26.28	
	112'			
		247	Meet ansite for Final Lagu. Maintain All Szt BACK,	4
	25'/ pd rostrong M		STUB Out Plumbing shallow At ground level or higher	
		Ans	Where shown	
615			System at 18"	, f
	24 380	24'	615	
		-		
		მყა		