HTE# 08-500-21371R

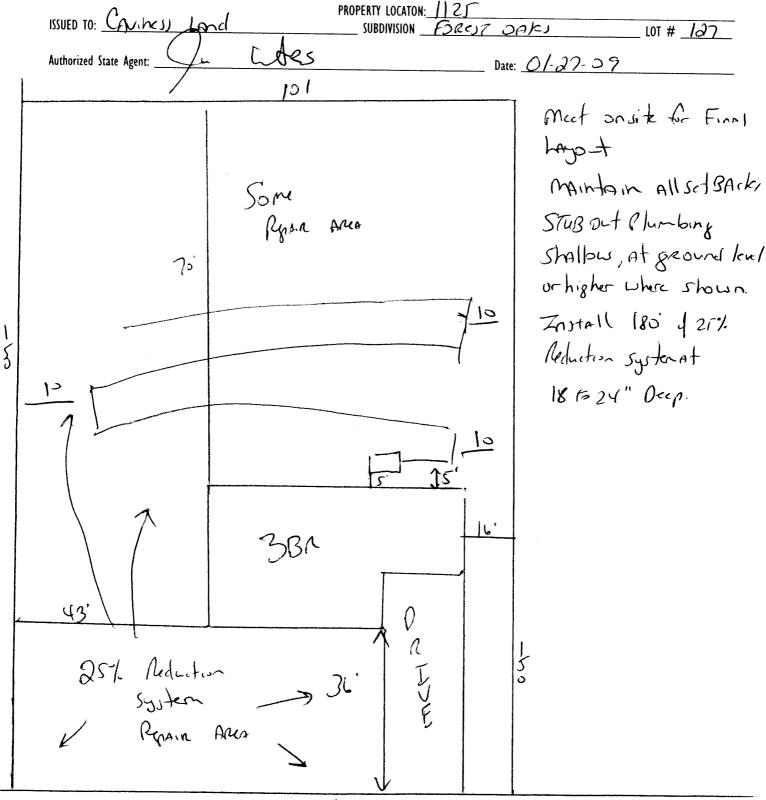
Harnett County Department of Public Health

25231

Improvement Permit

A building permit o	annot be issued with only an improvemen	it Permit	
ISSUED TO: CAUNES) Lond	: CAVINES Lond PROPERTY LOCATION: //CJ SUBDIVISION FORCIT DAKS 10T # 127		
NEW♥ REPAIR □ EXPANSION □			
Type of Structure: SFO-40x43 3BR	site improvements re	quired prior to construction Authorizatio	ii issualice:
Proposed Wastewater System Type: 25% Reduction Cut	en		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Tyes No	***************************************		
Pump Required: No May be required based on fina	location and elevations of facilities		
Type of Water Supply: Community Public Well Dist	ance from well 105 feet	Permit valid for:	▼ Five years
STUB out Plumbing shallow At	DOLL MAINTAIN A	11 Set BACKS	☐ No expiration
STATION AT	Snound level or hig	MER WHEE SHOWN	
Authorized State Agent::	Date: 01-27-5) 9 SEE ATTACHE	CITE CVETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of or	her permits. The permit holder is responsible for the	serving with appropriate governing hadies in mostic	O SITE SKETCH
site is subject to revocation in the site plan, plat, or the intended use changes. 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 Authorization			
<u>(R</u>	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.			
ISSUED TO: CAVINGSS LAND	DRODERTY LOCATION 110		
1350ED 10	PROPERTY LOCATION: 1/2		
Facility Type: SFO-YOXYO- 3BR ANEW	SUBDIVISION FORES 7	<u> BAKS</u>	_LOT # <u>_/27</u>
	☐ Expansion ☐ Repair		
Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** 25% Reduction	Ø€.1%		,
(See note below, if applicable (Syrrer	(Initial) Wastewater Flow: 3	GPD GPD
25/2 Reduction	c 4 a a ii		
Installation Dentity of the Paris	(Repair)		
		9	
		. •	on Center
	be installed on contour at a	Soil Cover: inches	
Maximum Treno		(Maximum soil cover shall not ex	ceed
·	s shall be level to +/-1/4"	36" above the trench bottom)	
in all directions)		
Pump Requirements:ft. TDH vs GPM			
Conditions		Aggregate Depth:	
Conditions:			inches total
**If and in the desired the second of the se			
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.			
Dunar/Lagal Bannasantains Ci			
Owner/Legal Representative Signature:		Date:	
onstruction Authorization is subject to revocation if the site plan, plat, or the intended use construction Authorization is subject to compliance with the provisions of the Laws and Rules for	changes. The Construction Authorization shall not b	e transferred when there is a change in ownership	
	sewage treatment and Disposal and to the condition	ons of this permit. SEE ATTAC	HED SITE SKETCH
Authorized State Agent: La Woods	_	01 22 06	
		0/2/09	
/ Cons	ruction Authorization Expiration D	oto: (1) 77 - 17/14	

Harnett County Department of Public Health Site Sketch



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