HTE# 09-500-21510R

Harnett County Department of Public Health

25354

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building peril	PROPERTY LOCAT		. Fermit	
ISSUED TO: Avines) Land	SUBDIVISION	Wandshine	•	LOT # 193
NEW ★ REPAIR □ EXPANSION □	300011131011		quired prior to Constructio	
Type of Structure: SFO-48x50-4BN		one improvements to	quired prior to constructio	A Authorization Issuance.
Proposed Wastewater System Type: 25% Red-tin 5	 س.			
Projected Daily Flow: 480 GPD)			
Number of bedrooms: Number of Occupants: &	max			
Basement □Yes ☎ No				
Pump Required: ☐Yes ☐ No ☑ May be required based on	final location and elevat	ions of facilities		
Type of Water Supply: Community Public Well Permit conditions: Mect onsite For Final La	Distance from well	feet	, Permit valid	f for: 🗆 Five years
Permit conditions: Mect on site for Final LA	yout ma	lintain all.	set BACKS	□ No expiration
STUB Out Plumbing Shallow,	At ground	level or	higher wh	ere Shown
Authorized State Agent:: () ~ () ~ ()		02.25-0		SEE ATTACHED SITE SKETCH
The issuance of this permit by the flealth Department in no way guarantees the issuance	of other permits. The permit	holder is responsible for ch	ecking with appropriate governing	bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Impr the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ovement Permit shall not be a	ffected by a change in own	ership of the site. This permit is	subject to compliance with the provisions of
the cars and notes to sewage treatment and disposal and to conditions of this perinte.	•			
Co	nstruction Au	horization		
	(Required for Buildin			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956			into this permit and shall be mi	et Systems shall be installed in accordance
with the attached system layout.	, , , , , , , , , , , , , , , , , , , ,		The same and same be an	or systems shall be instance in accordance
ISSUED TO: CAVINESS Land	DBADEBTV	LOCATION: // L.	_	
1330ED 10.	SUBDIVISIO		, A.	10T # 10 B
Facility Type: SFD. 48x50 4Ba			11742	LOT # <u>193</u>
	1	on 🗌 Repair		
Basement? Yes No Basement Fixtures? Yes of Wastewater System**	es No	_		1/() -
, ,	-120 JULIO	~	(Initial) Wastewatei	r Flow: 483 GPD
(See note below, if applicable) Parel Black		_(Repair)		
Installation Requirements/Conditions Number of	f trenches			
Septic Tank Size 1000 gallons Exact leng	th of each trench	1 <u>るつ</u> feet	Trench Spacing:9	Feet on Center
Pump Tank Size gallons Trenches s	hall be installed on co	ntour at a	Soil Cover:	inches
Maximum [*]	Trench Depth of: 18	P-24 inches	(Maximum soil cove	r shall not exceed
	ttoms shall be level to		36" above the tree	
in all direc				,
Pump Requirements:ft. TDH vs GPM	,			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			Aggregate beptil	inches total
				miches total
**If == East: 1 and autood the nation is 1.5.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
**If applicable: I understand the system type specified is different	trom the type specified	on the application.	. I accept the specification	ons of this permit.
0 4 15				
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intend				- ·
Construction Authorization is subject to compliance with the provisions of the Laws and Ri	ules for Sewage Treatment and	Disposal and to the conditi	ons of this permit.	SEE ATTACHED SITE SKETCH
$(1 \lambda \Lambda \Lambda)$			00 00 06	*
Authorized State Agent:		Date:	02.25-09 late: 02.25-0	
1	Construction Authoriz	ation Expiration D	ate: 02.25-	25/4

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Harnett County Department of Public Health Site Sketch

