## HTE# 09 500. 215 12 Harnett County Department of Public Health

25244

Improvement Permit

A building permit cannot be issued with only an Improvement Permit						
PROPERTY LOCATION: 1/2						
ISSUED TO: CAVINESI Land	UBDIVISION	Woxlsh	inc		LOT # 195	
NEW REPAIR 🗆 EXPANSION 🗆	_	Site Improvemen	nts required prior to	Construction Authoriz		
Type of Structure: SFO- 30×57 - 3BR			, , ,			
Proposed Wastewater System Type: 25% Beduction Sys.		·····				
Projected Daily Flow: 363 GPD						
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> ma	ax				· · · · · · · · · · · · · · · · · · ·	
Basement 🗆 Yes 🖌 No						
Pump Required: 🗆 Yes 🗆 No 🗡 May be required based on final loca	tion and elev	ations of facilities				
Type of Water Supply: 🗆 Community 🛩 Public 🔲 Well Distance	from well	100 feet	t	Permit valid for:	屋 Five years	
Permit conditions: Meet Onsite For Final Lawart Maintain all set Backs						
STUBOLT Plumbing Shallow of proced	feel	orhights	where the	own	1	
		0				
Authorized State Agent:: (/ c CCC)	Date:	02.17.2	9	SEE ATTAC	HED SITE SKETCH	
The issuance of this permit by the Headh Department in no way guarantees the issuance of other pe	ermits. The permi	t holder is responsible	for checking with approp	riate governing bodies in m	eeting their requirements. This	
site is subject to revocation if 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						
(Required 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: CAVINESS	Land	PROPERTY LOCATION: _//2		
	-	SUBDIVISION Woodshin	LOT # 195	
		_ 🗗 New 🗆 Expansion 🔲 Repair		
Basement? 🗆 Yes 🛛 🗸 No	Basement Fixtu	ires? 🗌 Yes 🚬 No		
Type of Wastewater System**	25% Red-	(Initial) Wastewater Flow: <u>360</u> GPD		
(See note below, if applicable 🏼	)	0		
	25-1. Ned	tion Systen (Repair)		
Installation Requirements/Condition	ns	Number of trenches		
Septic Tank Size	gallons	Exact length of each trench $\underline{122}$ feet	Trench Spacing: Feet on Center	
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Soil Cover: inches	
		Maximum Trench Depth of: <u>1824</u> inches	(Maximum soil cover shall not exceed	
		(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)	
		in all directions)	,	
Pump Requirements:	_ft. TDH vs	GPM	inches below pipe	
			Aggregate Depth: inches above pipe	
Conditions:			inches total	

