HTE# 09-500-21513

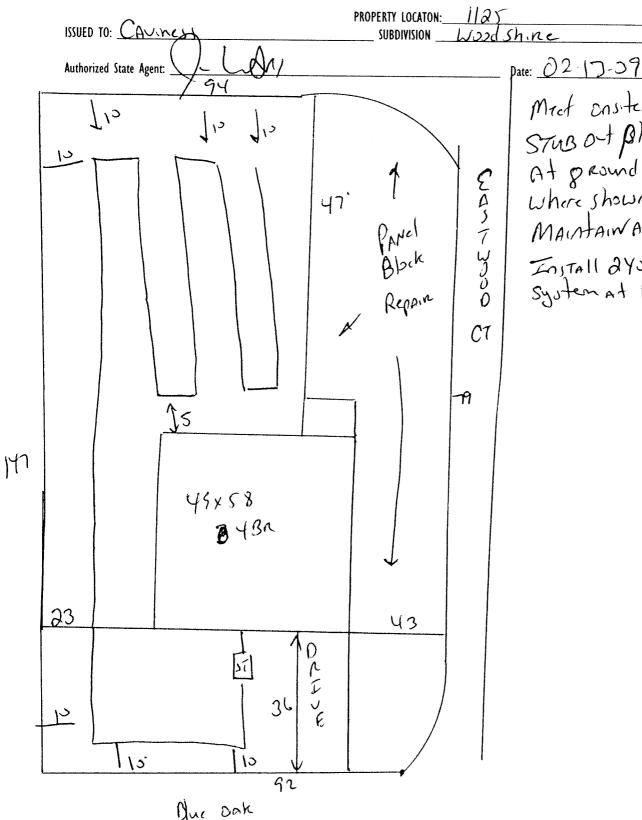
Harnett County Department of Public Health

25243

Improvement Permit

A building permit o	cannot be issued with only an Improvement Permit
ISSUED TO: CAVINCUS LANd	PROPERTY LOCATION: 1125
	SUBDIVISION WOODShine LOT # 190
NEW REPAIR FXPANSION Type of Structure: SFD - 49x58 YBR	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% lod-itish system	
Projected Daily Flow: 433 GPD Number of bedrooms: 4 Number of Occupants: 8	
Basement ☐ Yes ☒ No	max
	nal location and elevations of facilities
Type of Water Supply: Community Public Well Dis	intrance from well 10.3 foot Poemit would form of the comment
Type of Water Supply: Community Public Well Dis Permit conditions: Meet On site STUB Out 1 Or higher Laborer Shows	Planting Shallow, At ground rue I No expiration
Orhigher Where Shown.	THE STATE OF THE S
Authorized State Agent::	Date: 02-17-58 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o	other permits. The permit holder is responsible for checking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	ment 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 freatment and disposal and to conditions of this permit.	
<u>Cons</u>	<u>struction Authorization</u>
(1	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.	1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: <u>Cavinesi</u> Land	DRODERTY LOCATION 1/1 C
1330ED 10	PROPERTY LOCATION: 1/2
Facility Type: SND- 49x58- 4BR New	SUBDIVISION Was Shine LOT # 196
	,
Basement? Yes No Basement Fixtures? Yes	
Type of Wastewater System** 25% Roduction Sys	orten (Initial) Wastewater Flow: GPD
(See note below, if applicable) Parel Blac	ck Repair (Repair)
Installation Requirements/Conditions Number of tre	renches
Septic Tank Size <u>1000</u> gallons Exact length o	of each trench 245 feet Trench Spacing: 9 Feet on Center
.	ll be installed on contour at a Soil Cover: inches
Maximum Tren	ench Depth of: 18 24 inches (Maximum soil cover shall not exceed
	oms shall be level to $\pm \frac{1}{4}$ 36" above the trench bottom)
in all direction	, , , , , , , , , , , , , , , , , , , ,
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	···
	inches total
** If applicable: I understand the system type specified is different from	and the first series of th
The applicable. I understand the system type specified is unferent from	om the type specified on the application. I accept the specifications of this permit.
Owner/Logal Banrocentative Construes	
Owner/Legal Representative Signature:	Date:
Construction Authorization is subject to revocation if the site plan, plat, or the intended up	use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for	for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
A A C	
Authorized State Agent:	Date: <u>02-17-3</u> 9
Con	nstruction Authorization Expiration Date: <u>() ? - 17 2014</u>

Harnett County Department of Public Health Site Sketch



Meet onsite for Final Layout
STUB Out Blumbing Shallow
At ground level or higher
Where shown.
MAINTAIN All Set BAIKS
Enstall 240' 1 25's Reduction
System at 18 to 24"

LOT # 196