HTE#<u>09-5-216</u>48

Harnett County Department of Public Health

25127

Improvement Permit

				П ONLY AN IMPROVEMEN TION. ベアルルァ		1 t	11
ISSUED TO/CWW CO	ONTRACTAL	<i>?<</i>	CHENIVICION	TION: 52/403	MAJONE / 1	CHANA/10	
NEW REPAIR	Site Improvements required prior to Construction Authorization Issuance:						
Type of Structure:SF	IZMAPANSI D	on <u>L</u>		one improvements re	equirea prior to C	onstruction Author	ization Issuance:
Proposed Wastewater System Type							
Projected Daily Flow:360	GPD						
Number of bedrooms: 3		Jpants: 6	max				
Basement Yes No							
Pump Required: □Yes □ No	o □ Maxr be reg	uired based on final	location and eleva	tions of facilities			*
Type of Water Supply: Comm	// 1	☐ Well Dista	nce from well	faat	D.	ermit valid for:	Fig. 1
Permit conditions:	,			icet	re	ernnt vang for:	Five years
		_					☐ No expiration
	A 44		018				
Authorized State Agent:	as C/MA	whent	Date:	3-10-0	29	SEE ATTA	ACHED SITE SKETCH
The issuance of this permit by the Health	Department in no way guara	antees the issuance of oth	er permits. The permit	holder is responsible for ch	necking with appropria	to governing hadies in	manada a stati
site is subject to revocation it tile site plan	s, pias, or the intelluent use	changes, the improvement	t Permit shall not be	affected by a change in own	nership of the site. Th	is permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment a	ind Disposal and to conditio	ns of this permit					, , , , , , , , , , , , , , , , , , , ,
		<u>Constr</u>	ruction Au	thorization			
		(Re	<u>quired for Buildi</u>	ng Permit)			
The construction and installation requirement	its of Rules .1950, .1952, .1	1954, .1955, .1956, .1957	, .1958. and .1959 ar	e incorporated by references	into this permit and	shall be met. Systems	shall he installed in accordance
with the attached system layout.				,	•		shan be instance in accordance
ISSUED TO: CWW C	20 Handas	<i>'</i> <	DRADERTY	LOCATION CO.A.	- //	, ,	
1330ED 10	WALLEY OF	د	PROPERTY	LOCATION: 52140	3 HARRY	Contral	<u>RS</u>
radio to S	_	-		N QUAC GI	EN		LOT # <u>/3</u>
Facility Type: SF		New	Expans				
Basement? Yes	lo Basement Fix	tures? 🗌 Yes	No Ac	o ofen			
Type of Wastewater System**	25% REDI	UTOD Sys	ton the	DE SE	(Initial) W	astewater Flow: _	360 GPD
(See note below, if applicable \square	-i) _	. *	/		(_	
	15% TA	UMOD Sg	5462_	_(Repair)			
Installation Requirements/Conditi		Number of trenc		-(··· [-··)			
Septic Tank Size 1000				100 feet	Tranch (nacin	g: <u>9</u>	Francis Co.
Pump Tank Size	•	Trenches shall be				• /	
	_ 8 ^{mons}				Soil Cover:		nches
				inches		soil cover shall no	
		(Trench bottoms		+/-1/4"	36" above	the trench botto	·m)
n	(** ****	in all directions)					
Pump Requirements:	_ft. TDH vs	GPM				6	inches below pipe inches above pipe
					Aggregate De	oth: 2	inches above nine
Conditions:					00 0 1		inches total
							- Inches total
**If applicable: / understand the s	ystem type specified	is different from i	the type specified	d on the annlication	I accent the si	nacifications of th	ric narmit
	,	is concrete nom 2	ιγρε σρεειπεί	топ те аррпсатоп.	i accept the sp	vecincations of th	is permit.
Owner/Legal Representative Signa	ture.				n	- 4	
Owner/Legal Representative Signal his Construction Authorization is subject to r	evocation if the site plan r	lat or the intended use	changes. The Construction	A -4	U	ate:	
onstruction Authorization is subject to compl	iance with the provisions of	the laws and Rules for S	inanges. The Constructi	on Authorization shall not t	e transferred when th		
							TTACHED SITE SKETCH
inthonized Chata A-	لمح	M I	1015	3.	ک، بر	_	
uthorized State Agent:	tones <	/ (Auhan	To	Date:	3-10	- 09	
	_	Constr	uction Authoriz	Date: Date:ation Expiration D	ate:3 -	10-14	
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	13763					

Harnett County Department of Public Health Site Sketch

