## HTE# 09-500-268R

## Harnett County Department of Public Health 23595

Improvement Permit

A b	uilding permit cannot be issued with		Permit	
ISSUED TO: Helt Cont.	PROPERTY LOCA			
NEW REPAIR EXPANSION		FORIT DA		LOT # <u>120</u>
Type of Structure: SFO- 60x 45-30		site improvements req	quired prior to Construction Au	unorization issuance:
Proposed Wastewater System Type: 25% Red-	ter syste			
Projected Daily Flow: 363 GPD				
Number of bedrooms: 3 Crax Number of Occupan	its:max			
Basement □Yes 😾 No				
Pump Required: □Yes □ No ★ May be require	d based on final location and eleva	tions of facilities		
Type of Water Supply: Community Public	Well Distance from well	100 feet	Permit valid for:	Five years
Type of Water Supply: Community Public [ Permit conditions: Mecton h for STUB at Plumbing Shall	Final Layout	MAINTAIN A	11 SCT SACKI	_ No expiration
2 mo of house & mall	O AT pround	Icuci ar high	he where ske	<u> </u>
Authorized State Agent:  The issuance of this permit by the Health Department in no way.		04-22-39		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way their requirements. This site is subject to revocation if the site pla permit is subject to compliance with the provisions of the Laws are	in, plat, or the intended use changes. T	he Improvement Permit sh	hall not be affected by a change i	priate governing bodies in meeting in ownership of the site. This
	Construction Au	thorization		
	(Required for Buildi	ing Permit)		
The construction and installation requirements of Rules .1950, .195	2, .1954, .1955, .1956, .1957, .1958.	and .1959 are incorporate	ed by references into this permit a	and shall be met. Systems shall be
installed in accordance with the attached system layout.				
ISSUED TO: HOHI CONTL		LOCATION: 12		
Facility Type: SFD-60249 3BR	<b>.</b> .	ON FORUST OF	<u> </u>	LOT # <u>/2</u> 3
· · · · · · · · · · · · · · · · · · ·		sion 🗌 Repair		
Basement? Yes No Basement Fixtury System**	res? Yes No		71.	
(Can make halom if and tackled [7])	• ,	Wastewater Flow:	365 GPD	
(See note below, if applicable )	l. I.	(h)		
	SIM	(Repair)		
Installation Requirements/Conditions				
Septic Tank Size 1503 gallons	Exact length of each trench	180 feet	Trench Spacing:	Cook on Course
•			, , , , , , , , , , , , , , , , , , , ,	Feet on Center
	Trenches shall be installed on co		Soil Cover:	inches
	Maximum Trench Depth of: //			
	(Trench bottoms shall be level to	0	36" above the trench	dottom)
Pump Requirements:ft. TDH vs	in all directions)  GPM			
rump kequirementsit. IDN 45	urn		D	inches below pipe
Conditioner			Aggregate Depth:	inches above pipe
Conditions:	14		-	inches total
**If applicable: / understand the system type	specified is different from the t	type specified on the	application. I accept the sp	ecifications of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site p	olan, plat, or the intended use changes.	The Construction Authoriz	eation shall not be transferred who	en there is a change in ownership
of the site. This Construction Authorization is subject to compliance	with the provisions of the Laws and R	lules for Sewage Treatment	t and Disposal and to the conditio	ons of this permit.  ATTACHED SITE SKETCH
Authorized State Agent:	}	Date <sup>.</sup>	D4-22-25	nimite Hit MUILI
	Construction Authori	zation Expiration Da	D4-22-34 ate: 04-28-2014	
<b>f</b>		•		

## Harnett County Department of Public Health Site Sketch

