## Harnett County Department of Public Health

HTE# O9-521939

25459

## Improvement Permit

	building permit cann	DRODERTY LOCAT	INN. Th	NCE .	80	
ISSUED TO: INFINITI HOMES C	ong		TINCE .	Rie Rie		LOT #54
NEW 🖂 REPAIR 🗌 EXPANSION	N 🗆	_ 50001131011	Site Improver	nents rea	uired prior to Construction Author	
Type of Structure: SFO (33'×52-)			site improver	nents req	and prot to construction Autor	onzation issuance.
Proposed Wastewater System Type: Conversion	NAL	-				
Projected Daily Flow: <u>360</u> GPD	-	_				
Number of bedrooms: Number of Occup	ants: <u>6</u>	max				
Basement 🗆 Yes 🔀 No						
Pump Required: 🗆 Yes 🗆 No 🛛 🗶 May be requi	red based on final lo	cation and elevat	ions of faciliti	es		
Type of Water Supply: 🗆 Community 🕅 Public	🗆 Well Distant	ce from well <u>10</u>	00	feet	Permit valid for:	Five years
Permit conditions:						$\Box$ No expiration
- ffff-f-						8 
fille fil	<u></u>					
Authorized State Agent:	1 25	Date:	5 5 00	1	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	tees the issuance of other	permits. The permit	holder is responsi	ble for cheo	king with appropriate governing bodies	in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement of this nermit	Permit shall not be al	fected by a chan	ge in owner	rship of the site. This permit is subject t	o compliance with the provisions of
	er ans perma.					
	Constru	uction Aut	horizati	on		
		uired for Buildin				
The construction and installation requirements of Rules .1950, .1952, .19	54, 1955, 1956, 1957,	.1958. and .1959 are	incorporated by	references i	nto this permit and shall be met. Systen	ns shall be installed in accordance
with the attached system layout.						
ISSUED TO: INFINITI HOMES C	089	PROPERTY		Tini	E. Ro	
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Facility Type: SFO (33755)	Now	Expansi	$n \square$	Rapair		WI # <u>59</u>
	ires? 🗆 Yes			перан		
					(Initial) Wastewater Flow:	36 0 000
(See note below, if applicable $\Box$ )	J. WINKL				(Initial) Wastewater Flow:	<u> </u>
(see note below, il applicable L)						
	FIONAL	~	(Kepair)			
Installation Requirements/Conditions	Number of trench				0	
Septic Tank Size <u>1000</u> gallons	Exact length of e			feet	Trench Spacing:	
Pump Tank Size gallons	Trenches shall be				Soil Cover: <u>8-24</u>	inches
	Maximum Trench			inches	(Maximum soil cover shall	not exceed
	(Trench bottoms s	hall be level to	+/-1/4"		36" above the trench bot	ttom)
	in all directions)					,
Pump Requirements:ft. TDH vs	GPM				6	inches below pipe
					Aggregate Depth: 2	inches above nine
Conditions:						inches total
						inches total



