HTE# 09-5-22370

Hamett County Department of Public ..ealth

25553

Improvement Permit

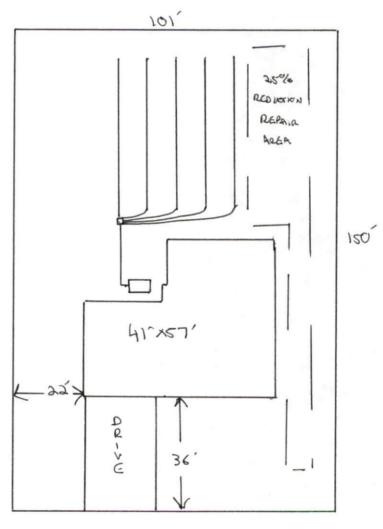
PROPERTY LOCATION: NURSERY RORD	
ISSUED TO: CAYINESS LAND DEVELOPMENT SUBDIVISION	Wassing LOT # 175
NEW REPAIR □ . EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
NEW REPAIR CHI'S EXPANSION C	
Proposed Wastewater System Type: ConvEntion AV	
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants: max	
Basement □Yes 🔀 No	
Pump Required: □Yes □ No ⋈ May be required based on final location and elev	ations of facilities
Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years	
Permit conditions:	
Left of	
	-11
Authorized State Agent:: Date:	7 7 09 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of eighter permits. The permit holder is responsible for checking with appropriate governing bodies in meeting 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	
site is subject to revocation if the site plan, plat, or the intended use changes. The improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the tary and made of senage realistic and disposal and to conditions of this permit.	
Construction A.	theritation
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 DEVELOPMENT PROPERT	Y LOCATION: NURSERY PD
CIIBDINIC	ION W0005 HIRE LOT # 175
Facility Type: SFO (41267) New Expar	
Basement? Yes No Basement Fixtures? Yes No	ision in Repair
	(Lisi-I) Wassers Flow L600 CDD
Type of Wastewater System**	(Initial) Wastewater Flow: GPD
(See note below, if applicable)	
	(Repair)
Installation Requirements/Conditions Number of trenches 5	
Septic Tank Size 1000 gallons Exact length of each trench	
Pump Tank Size gallons Trenches shall be installed on	contour at a Soil Cover: 12 inches
Maximum Trench Depth of:	and 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:	77 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	100 000
+11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.	
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended 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 Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: Date: Date:	
	orization Expiration Date: 77714
construction Authorization Expiration Date.	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: NURSERY RD

ISSUED TO: CRYINGS LAND DEVELOPMENT SUBDIVISION WOODSHIRE LOT # 175

Authorized State Agent: Date: 7 7 09



KIMBROUGH DR