HTE#<u>09-5-22543</u>

## Harnett County Department of Public Health 25422

Improvement Permit

|  | A building permit cannot be issued wi   |                                  |   | 11.0 h                                |  |
|--|---|----------------------------------|---|---------------------------------------|--|
| ISSUED TOY Colby+ Lyws Camber  | PROPERIT LOCAL  | AIIUN: 52/9/2                    | Christen by   | LA-KIS                                |  |
| 30DD141510N 1-1123 76743373 [0] #  |   |                                  |   |                                       |  |
| Type of Structure: SFD   |   |                                  |   |                                       |  |
| Proposed Wastewater System Type: CONVENTY  | 70.70   |                                  |   |                                       |  |
| Projected Daily Flow: 480 GPD  | ana   |                                  |   |                                       |  |
|  | cupants: 8 max  |                                  |   |                                       |  |
| Basement Yes No  | cupants: O max  |                                  |   |                                       |  |
| ,  |   |                                  |   |                                       |  |
| Type of Water Supply: Community Public   | quired based on final location and elev   | ations of facilities             |   | _/                                    |  |
| Permit conditions:   |   | feet                             | Permit valid for:   | ☐ Five years ☐ No expiration          |  |
|  |   |                                  |   |                                       |  |
| Authorized State Agent ones < March  | Date:   | 8-6-09                           | ŽSEE  | ATTACHED SITE SKETCH                  |  |
| The issuance of this permit by the Health Department in no way gua<br>site is subject to revocation if the site plan, plat, or the intended us<br>the Laws and Rules for Sewage Treatment and Disposal and to condi-   | arantees the issuance of other permits. The permi<br>e changes. The Improvement Permit shall not be | it holder is responsible for chi | ecking with appropriate governing hodie   | s in meeting their requirements. This |  |
|  | Construction Au   | ıthorization                     |   |                                       |  |
|  | (Required for Build   | ling Permit)                     |   |                                       |  |
| The construction and installation requirements of Rules .1950, .1952, with the attached system layout.   |   |                                  | into this permit and shall be met. Syst   | tems shall be installed in accordance |  |
| ISSUED TO: <u>Colby + Lynn La</u><br>Facility Type:SED   | mbert PROPERTY  | LOCATION: <u>57214</u>           | 12 Christan   | Cogla RD                              |  |
| Facility Type:SFD  | New 🗆 Expan   | sion Densis                      | TOTALOR   | LUI #                                 |  |
|  | ixtures?  Yes No  | sion 🗌 Repair                    |   |                                       |  |
|  | _   |                                  |   | 2421.4                                |  |
| ,  | NTLowal   |                                  | (Initial) Wastewater Flov   | w: <u>480</u> GPD                     |  |
| (See note below, if applicable $\Box$ )  | entronal  | (Repair)                         |   |                                       |  |
| Installation Requirements/Conditions   | Number of trenches  |                                  |   |                                       |  |
| Septic Tank Size 1200 gallons  | Exact length of each trench   | /OO feet                         | Trench Spacing:   | Feet on Center                        |  |
| Pump Tank Sizegallons  | Trenches shall be installed on c  |                                  | Soil Cover: 6   |                                       |  |
| 3  | Maximum Trench Depth of: 24   |                                  | (Maximum soil cover shal  |                                       |  |
|  | (Trench bottoms shall be level t  |                                  | `   |                                       |  |
|  | *   | .0 -1/4                          | 36" above the trench b  | ottom)                                |  |
| D D  | in all directions)  |                                  | ,   | ,                                     |  |
| Pump Requirements:ft. TDH vs   | GPM   |                                  |   | inches below pipe                     |  |
| Conditions   |   |                                  | Aggregate Depth:  | inches above pipe                     |  |
| Conditions:  |   |                                  |   | /2 inches total                       |  |
| ical and the state of the state | 1: 1/4  |                                  |   |                                       |  |
| *If applicable: / understand the system type specifie  | ed is different from the type specific  | ed on the application.           | l accept the specifications o   | of this permit.                       |  |
| Owner/Legal Representative Signature:  |   |                                  | Date:   |                                       |  |
| his Construction Authorization is subject to revocation if the site plan,  | , plat, or the intended use changes. The Constru  | ction Authorization shall not b  | e transferred when there is a change in   | n ownership of the site. This         |  |
| onstruction Authorization is subject to compliance with the provisions   | of the Laws and Rules for Sewage Treatment an   | d Disposal and to the condition  | ons of this permit. SE  | E ATTACHED SITE SKETCH                |  |
|  |   |                                  | Williams Browns and Artist Princes. She was served to travelly a first incessed |                                       |  |
| authorized State Agent: James &  | Markon & D  | Note:                            | 8-1-10  |                                       |  |
| The same of the sa | Your Table  | Date: _                          | 8-6-09<br>ate: 8-6-7  | ,                                     |  |
| $\mathcal{U}$  | Construction Author   | ization Expiration D             | ate: <i>8 -/</i> 5 - /  | 4                                     |  |

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Colby + Cynn Cambert SUBDIVISION =1/15 Johnston Colly PRD

Authorized State Agent: Date: 8-6-09

