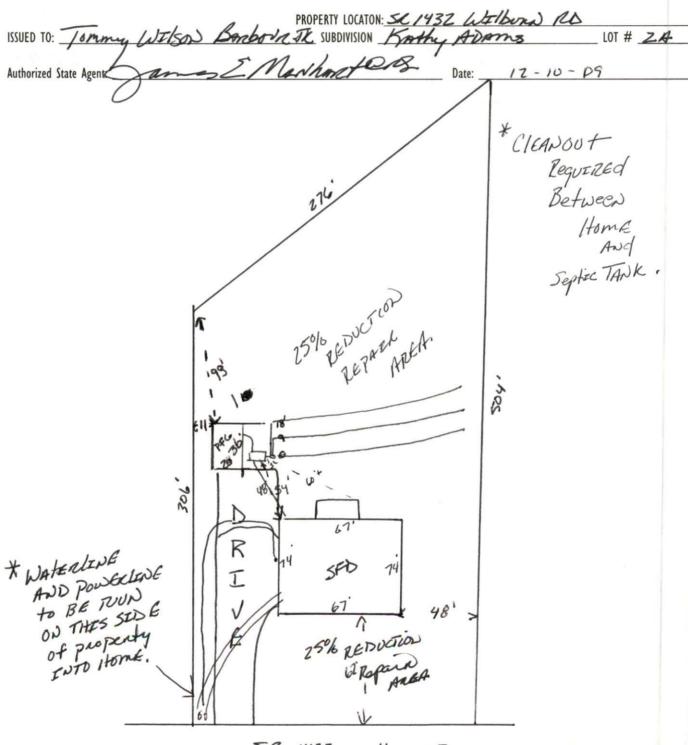
## HTE# 09-5-23177RR Harnett County Department of Public Health

25448

Improvement Permit

	PROPERTY LOCATION: 5/2/432 WFIDOR RD
	SUBDIVISION Kathy ADAMS LOT # 24
NEW ☑ REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 25% 12KBUCTON System A.	site improvements required prior to construction nutriorization issuance.
Proposed Wastewater System Type: 5FD	
Projected Daily Flow: 360 GPD	
2 11 11	тах
Basement □Yes ▼ No	TWO
Pump Required: □Yes □ No ☑ May be required based on final lo	cation and elevations of facilities
Type of Water Supply:   Community   Public   Well Distance	
Permit conditions:	□ No expiration
	2.048
Authorized State Agent: 200 8 Monhant	Date: 12-10-09 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	
Constru	uction Authorization
(Reg	uired for Building Permit)
	.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 TO MAN WORKS Replace To	DRODERTY LOCATION, SA 1437 ( )=/4 AA
1330ED 10: TOTALING WISON PHILODYN 44	PROPERTY LOCATION: 521432 Welburn RS  SUBDIVISION Kathy ADAMS LOT # 2A  Expansion  Repair
	SUBDIVISION KATHY ADAMS LOT # 2A
Facility Type: Mew	
Basement?  Yes  No Basement Fixtures?  Yes	☑ No
Type of Wastewater System** 25% PEOVITURE S	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	
25% REDUITAD 5	(Repair)
Installation Requirements/Conditions Number of trench	les 3
	ach trench feet Trench Spacing: Feet on Center
	installed on contour at a Soil Cover: 6 inches
	Depth of: inches (Maximum soil cover shall not exceed
,	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: Z inches above pipe inches total
Conditions:	inches total
**If applicable: I understand the system type specified is different from a	the type specified on the application. I accept the specifications of this permit.
	the type specified on the appreciation. I accept the specifications of this perimit
Owner/Legal Representative Signature:	Date:
	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	
Construction Additionated by Subject to Compinance with the provisions of the case and rules for sewage meatinent and Disposal and to the Conditions of this permit.	
SM I DOVREMS	
Authorized State Agent: James & Markon & Date: 12-10-09  Construction Authorization Expiration Date: 12-10-14	
Construction Authorization Expiration Date:	

## Harnett County Department of Public Health Site Sketch



DR 1432 WZIBURNRD