25776

HTE# 09-5-23218

Harnett county Department of Public Health

Improvement Permit

A building permit cannot	ot be issued with only an Improvement Permit
	PROPERTY LOCATION: CAMERON HILLRO
	SUBDIVISION YORKSMIRE PLANTATION LOT # 139
NEW REPAIR FEATURE SFO (52×46)	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Conventional	
Projected Daily Flow: 360 GPD	
	max
Basement 🗆 Yes 🔀 No	
Pump Required: ☐Yes ☐ No ➤ May be required based on final lo	
Type of Water Supply: Community Public Well Distance Permit conditions:	ce from well 100 feet Permit valid for: Five years No expiration
THAT .	
Authorized State Agent:: RENS	Date: 11 2-3 09 SEE ATTACHED SITE SKETCH
	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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the taws and holes for sewage freatment and disposal and to conditions of this period.	
Constru	uction Authorization
	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: 5+K HOMES Facility Type: 5FD (52×46) New	PROPERTY LOCATION: CAMERON HILL RO
10.	SUBDIVISION YORXSHIRE PHANTATION LOT # 139
Facility Type: SED (5XX46)	□ Expansion □ Repair
Parament? Van Na Parament Fireture? Van	L Expansion L Repair
Basement? Yes No Basement Fixtures? Yes	
Type of Wastewater System** CONVENTIONAL	(Initial) Wastewater Flow: 3CO GPD
(See note below, if applicable)	Q (Panair)
	each trench 150 feet Trench Spacing: 7 Feet on Center
	motuned on contour at a son cover
	Depth of: inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	Town ,
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions: WATER LINE MUST BE 10 FROM UTILITIES MAY ENCROACH ON INITIALO	SERTIC System, No Aggregate Depth: 2 inches above pipe
16 JAN ENGRACH ON MITTER	REDAID ROSA
CHILINGS I IN ENGLIABIT ON HATTINGO	e ignie har.
**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:
	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 provision of the Laws and Rules for	Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
MAN. II - III	N. I
Authorized State Agent: 100 100 100 100 100 100 100 100 100 10	Date: 11 23/09
Const	Auction Authorization Expiration Date: 11/23/14

Harnett County Department of Public Health Site Sketch

	PROPERTY LO	OCATON: CAMERON HILL	Ro	
ISSUED TO: Sok		ISION YORKSHIRE PLANS		LOT # 139
Authorized State Agent:	De Maria	2 TOLKSDORD Date:	1)23/09	
	400		1101	

