25827

HTE# 10-5-23688

Harnett County Department of Public Health

Improvement Permit

A DUITION PERMIT CANNOT DE ISSUED WI		\wedge	
ISSUED TO: Caviners hand Development SUBDIVISION	ATION: Norse	ry Ica.	107 // (7) 0
NEW REPAIR . EXPANSION		quired prior to Construction Autl	LOT # <u>/72</u>
Type of Structure: SFD 58 x 48'	one improvements re-	danea buot to construction with	torization issuance:
Proposed Wastewater System Type: 25 To Reduction Surtem	***		
Projected Daily Flow: GPD GPD			
Number of bedrooms: \mathcal{L} Number of Occupants: \mathcal{E} max			
Basement 🗆 Yes 🕩 No			
Pump Required: ☐Yes ☐ No ☐ May be required based on final location and eleva-	ations of facilities		
Type of Water Supply: Community Public Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:			☐ No expiration
2			
Authorized State Agent: Dua Michigan LE HS Date:	-1.1.		
Authorized State Agent: Date: Dat	2/26/2010	SEE A	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be	i holder is responsible for che affected by a change in own	cking with appropriate governing bodies	in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	anceted by a change in owner	comp of the site. This permit is subject	to compliance with the provisions of
Construction Au	thorization		
(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 at with the attached system layout.	re incorporated by references		
ISSUED TO: Caviners hand Development PROPERTY SUBDIVISION	LOCATION: /o	rsery Rt.	
SUBDIVISIO	IN Forest 1	Saki	LOT # 172
Facility Type: SFD Wew Expans	sion 🗆 Repair		
Basement? Yes No Basement Fixtures? Yes No	•		
Type of Wastewater System** 25% Reduction System	N ew	(Initial) Wastewater Flow	:_4/80 GPD
(See note below if applicable \square)		(minus) Trasterates Flow	UID
25% Reduction System	(Repair)		
Installation Requirements/Conditions Number of trenches 3	(
Septic Tank Size /000 gallons Exact length of each trench	80 feet	Trench Spacing: 9	Foot on Contar
Pump Tank Size gallons Trenches shall be installed on co		Soil Cover:	inches
Maximum Trench Depth of:			
(Trench bottoms shall be level to		(Maximum soil cover shall	
in all directions)) 17-174	36" above the trench bo	ettom)
Pump Requirements:ft. TDH vs GPM			
_			inches below pipe
Conditions: Rua doi l'asc a contant Mai to all	cat lack = =	Aggregate Depth:	1 1
Conditions: Run drainliner on contour. Maintain all. 1 sketch. No Utilities allowed in the sys	SET Dacks 5	4 Own	inches total
Moneton. 110 Of. 1. tres allowed in the SIN	tow 4 or re	eper wear	
11 Water lines must be 10ff. from any	part of s	eptil system	
*If applicable: I understand the system type specified is different from the type specifie	d on the application.	I accept the specifications 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 Construct	ion Authorization shall not be	transferred when there is a change in	ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and	Disposal and to the conditio		ATTACHED SITE SKETCH
(/ , , c () ,	The second secon		
authorized State Agent: Surper Moning (EHS	Date: _	2/26/240	
Construction Authoriz	zation Expiration Da	te: 2/26/2015	

Harnett County Department of Public Health Site Sketch

