25836

HTE# 10-5-23707

Harnett County Department of Public Health

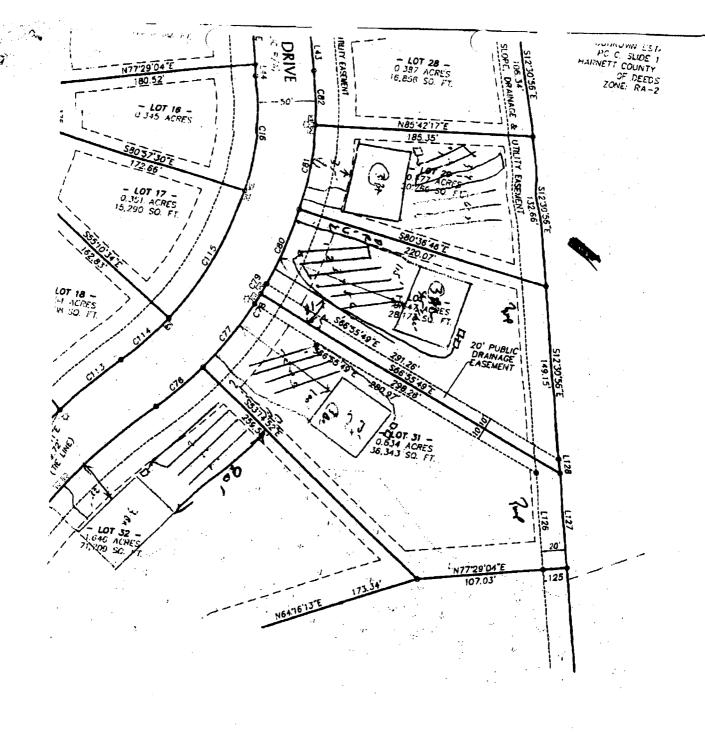
Improvement Permit

A	building permit cannot be issued wi	th only an Improvement	Permit	
ISSUED TO: Wade Hare	PROPERTY LOCA	ATION: Huy	27 west	
,	SUBDIVISION	Tingen Po	inte	LOT # <u>32</u>
NEW ☑ REPAIR ☐ EXPANSIO	N L	Site Improvements req	uired prior to Construction Au	uthorization Issuance:
Proposed Wastewater System Type: 23 /5/Celus	tion system			
	,			
	pants: max			
Basement Tyes No				
Pump Required: 🗆 Yes 🗆 No 🗹 May be requ	ired based on final location and elev	ations of facilities		_
Type of Water Supply: 🗌 Community 🗹 Public	☐ Well Distance from well	feet	Permit valid for	: Five years
Permit conditions:	-			•
				· ·
		/_/		
Authorized State Agent:: Duyon My.	LEAS Date:	3/3/2010	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in noway guara	ntees the issuance of other permits. The permi	t holder is responsible for chec	king with appropriate governing had	ies 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 owner	ship of the site. This permit is subje	ct to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit		. ,	,
	Construction Au	thorization		
71				
the construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958, and .1959 a	re incorporated by references i	nto this permit and shall be met. Sy	stems shall be installed in accordance
, ,				
ISSUED TO: Wade Hare	PROPERTY	CLOCATION: Hass	127 west	
	CHEDIVICI	ON The S	D: 11	10T 41 7 ;
Facility Type: 5 F D	300014131	UN _///942A_	7 07 24 C	LUI # <u>Jk</u>
Basement? Yes No Basement Fix	tures?			
Type of Wastewater System** 25% Rec	luction System		(Initial) Wastewater Flo	ow: <u>360</u> GPD
(See note below, if applicable (1)			,	
25 % Red	uction System	(Repair)		
Installation Requirements/Conditions	-	—(····F·····)		
Septic Tank Size / OOO gallons		<u>(-0</u>	Tuench Curaines 9	.
	Transfer shall be becall it entitle	leet leet	rrench spacing:	reet on Center
Pump Tank Size gallons		a =		~~~
	Maximum Trench Depth of:	20 inches	(Maximum soil cover sh	all not exceed
	(Trench bottoms shall be level t	0 +/-1/4"	36" above the trench	bottom)
	in all directions)			,
Pump Requirements:ft. TDH vs	,			inches helew nine
0			A	• • •
Conditions Possil be salar con	01/1 1 = 000 An CO	C .11	Aggregate Depth:	
roughtions: Tet with a sea on con	17 7 7 .			inches total
rep sketch. 110 Otiliti	er allowed in			
Dater line most be 10	If from any pa	Hof sept	csystem	
	May be required based on final location and elevations of facilities Permit valid for: Frive years No expiration			
The specifical state of the sp	is amerem nom the type speeme	on the application.	r accept the specifications	or uns permit.
Owner/Logal Penrocentative Construe				
Owner/Legal Representative Signature:			Date:	
inis Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construc	tion Authorization shall not be		
construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and	d Disposal and to the condition	ns of this permit. S	EE ATTACHED SITE SKETCH
/ /			, ,	
Authorized State Agent:	win KEHS	Nato	3/3/2010	
Authorized State Agent: Jun 1	win KEHS	Date: _ ization Expiration Da	3/3/2010	

SOUTHEASTEN SOH. & ENVIRONMENTAL ASSOC, INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SITEET

	SUBDIVISI	YSTEM Approved 25	 .	tor 31
	INITIALS	YSTEM Approved 25	6 reduction	REPAIR Approved 25 S. column
	DISTRIBU	MON D-box		DISTRIBUTION P 30x
	BENCHMA	RK 1-0,0		LOCATION Topot de bixp
	NO. BEDRO	DOMS 3		Proposed with a cogne
	LINE	BLAG COLOR	ELEVATION	ACTUALLENGTH
In. two &		60	94.25 93.50	60' 63'
				120
	3	<u> </u>	92,92	6.
			<u> </u>	120
94.				
:	BY In E	AKER	DATE 0	
		compre son	•	0-47 s/4 (VF=, -e) 44-42 sc (F, 104)
				CV T 3 AAA



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