## HTE# 10-5-23743 Harnet

## Harnett County Department of Public Health

25897

## Improvement Permit

А	building permit cannot be issued wi		~	
ISSUED TO: AMERICAN HOMESMI	TI-) CIRDINICION	ITION: Hwy	d /	
NEW REPAIR - EXPANSIO			quired prior to Construction Author	LOT # <u>90</u>
Type of Structure: SED (55 ×48)		site improvements re	quired prior to construction Author	ization issuance:
Proposed Wastewater System Type: 25% REDU	TION SYSTEM			
Projected Daily Flow: GPD				
	ants: <u>6</u> max		······	
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🗆 No 🔀 May be requi	red based on final location and elev	ations of facilities	*****	Na an
Type of Water Supply: 🗆 Community 🛛 🔀 Public	□ Well Distance from well L	CO feet	Permit valid for:	Five years
Permit conditions:				No expiration
1 11 21		·····		
	<u>\</u>			
Authorized State Agent::	RONS Date:	alacho	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permi	t holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements This
site is subject to revocation if the site plan, plat, or the intended use cl the Laws and Rules for Sewage Treatment and Disposal and to condition:	nanges. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the carrs and names for sewage frequinent and pisposal and to condition:	or uns permit.			
	<u> </u>		1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	An
	Construction Au	<u>thorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: AMERICAN HOMESMI				
ISSUED TO: TREASUREN TTO MESSALL				
Facility Type: SFD(55 x48)	ZURDIAIZI	IN <u>lingen</u>	POINTE	LOT # <u>()</u>
raciiity type: <u>structure</u>	_ 🗶 New 🗆 Expan	sion 🗆 Repair		
Basement? □ Yes ☑ No Basement Fixt Type of Wastewater System** <u>25% RE</u>	ures? 🗆 Yes 🚬 🔀 No			
Type of Wastewater System**ASTORE	DUCTION SYSTEM		(Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable, $A_{j}$ )	_			
25% REDUC	FTION SYSTEM	_(Repair)		
Installation Requirements/Conditions	Number of trenches3			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	⊂ ¬ S feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co			inches
	Maximum Trench Depth of:			
	(Trench bottoms shall be level t		36" above the trench bott	
	in all directions)	0 771/4	JU ADOVE THE TRENCH DOLL	.011)
Pump Requirements:ft. TDH vs	GPM			
	_ 0111			inches below pipe
Conditions John Mar R-	NC S C		Aggregate Depth:	
Conditions: WATERLINE MUST BE BASED ON PRODUCE FROM	IU MOM SEPTIC S	YSTEM, 1HUS	TERMIT	inches total
WHERE UN IROPASPL MAAM	NUWINCH IS DA.	. (	N	

Authorized State Agent: _	11	MIN REALS		_ Date:	2	26	Q			
		~ `	Construction	Authorization	Expiration	Date:	2	126	15	

٩

