HTE# 10.5-23918

Harnett County Department of Public Health

25943

Improvement Permit

	A building permit cannot be issued wi			
ICCUTO TO 11 TO 1	PROPERTY LOCA	ATION: LEMUEL	BLACKED	100000000000000000000000000000000000000
ISSUED TO: H+H CONSTRUCTOR	SUBDIVISION _	FOREST C		LOT # 176
NEW REPAIR CHINASE EXPANSI	ON L	Site Improvements re	quired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: Pump To 2	5% REDUCTION			
Projected Daily Flow: GPD GPD	, ABOOTION			
Number of bedrooms: Number of Occi	upants: - R max			
Basement Yes No				
Pump Required: Yes 🗆 No 🗀 May be req	uired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from well	100 feet	Permit valid for:	Five years
Permit conditions:				No expiration
11				-
Authorized State Agent::	REHS Date:	3/29/10		
The issuance of this permit by the Health Department in no way guar			SEE AT	TACHED SITE SKETCH
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 own	ership of the site. This permit is subject to	neeting their requirements. This compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ons of this permit		, , , , , , , , , , , , , , , , , , , ,	or provided the provided of
	<u>Construction Au</u>	<u>thorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 at	re incorporated by references	into this permit and shall be met. Systems	s shall be installed in accordance
ISSUED TO: H+H CONSTRUCTOR	25 \ \ \ DODERTY	LOCATION LEN	NIGO R R.	_
133020 10.	CURDING!	LOCATION:	NOL OLACK N)
Facility Type: SFO (HYASE)			DAKS	LOT # <u>\76</u>
Basement? Yes No Basement Fix	New □ Expans ctures? □ Yes □ No	ion 🗆 Repair		
Type of Wastewater System** Pumo To	1 50/2 Decreases	Sere	/I 12 IV 144	1:577
(See note below, if applicable [])	20 10 MEDICONION S) 10 1 CM	(Initial) Wastewater Flow:	<u>480</u> GPD
Pume To	25% REDUCTION SUS	(Panair)		
Installation Requirements/Conditions	Number of trenches \			
Septic Tank Size 100 gallons	Exact length of each trench		Trench Spacing:	5
Pump Tank Size too gallons	Trenches shall be installed on co		rrench spacing:	
ganons	Maximum Trench Depth of:			inches
	(Trench bottoms shall be level to		(Maximum soil cover shall i	
	in all directions)) T/-1/4	36" above the trench bott	om)
Pump Requirements:ft. TDH vs				
			A Down	inches below pipe
Conditions WATER LANG MUST	BE 10' From Sem		Aggregate Depth:	
Conditions: WATER LINE MUST OF PERMIT BASED ON BROOF	Man From Doors	AUX SOU	N. 1HVS	inches total
σ α γ.ωγ	ONE TROM FIFTER	W/12 2017	SCIENTIST.	
** annicable: understand the system type specifies	t is different from the two consider	d		1.
**If applicable: I understand the system type specified	is universit from the type specified	d on the application.	I accept the specifications of t	his permit.
Owner/Legal Representative Signature:			Ď	
This Construction Authorization is subject to revocation if the size plan, p	nlat or the intended use changes. The Construct	ion Authorization shell are b	Date:	
Construction Authorization is subject to compliance with the provisions of	Athe laws and Rules for Sewage Treatment and	Disposal and to the condition	e transferred when there is a change in ow	
	and there is strage treatment and	proposal and to the condition	ns or ans perint. SEC 1	ATTACHED SITE SKETCH
Authorized State Agent:	26HZ	5 .	3/20/14	
numerized state Agent.	7	Date: _	3/24/10	·····
	Construction Authoriz	ation Expiration Da	ite: 3/29/15	

Harnett County Department of Public Health Site Sketch

