26124

HTE# 10-5-24486

Harnett County Department of Public Health

Improvement Permit

A building permit car	nnot be issued with only an Improveme	nt Permit	
	PROPERTY LOCATION: PONDER	LOSA TOAIL	
ISSUED TO: ANGERN LYON	SUBDIVISION CAROLINA		F18
NEW REPAIR EXPANSION	Site Improvements i	required prior to Construction Autho	rization Issuance:
Type of Structure: SFO (537x597)			
Proposed Wastewater System Type: CON16M19NAL	_		
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6			
	_max		
Basement			
Pump Required: Yes No May be required based on final	location and elevations of facilities		> /
Type of Water Supply: ☐ Community ➤ Public ☐ Well Dista Permit conditions:	nce from well 100 feet	Permit valid for:	Five years
remit conditions.			☐ No expiration
Authorized State Agent::	5 Date: 6 11 10	APP	
The issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of the control of the city also also also also also also also also		SEE AT	TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The improvement	t Permit shall not be affected by a change in ow	necking with appropriate governing bodies in mership of the site. This permit is subject to	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	,	with the site sites this permit is subject to	combinance and the bioxizions of
Constr	cuction Authorization		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957	quired for Building Permit)	or free and the second of	
with the attached system layout.	, . 1730. and . 1737 are incorporated by reference	es into this permit and shall be met. System:	s shall be installed in accordance
MOURE TO CO.	\circ		
ISSUED TO: ANGERA LYON	PROPERTY LOCATION:	ONDEROSA TRAIL	
Facility Type: SFO(53' 159') New	SUBDIVISION CAROLI	NA SEASON	LOT # B 18
Facility Type: 540(53 259) New	Expansion Repair	•	
Basement? Yes No Basement Fixtures? Yes	⊠ No		
Type of Wastewater System** Conversional		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)		(*********************************	di b
CONVENTIONAL	(Repair)		
Installation Requirements/Conditions Number of trenc			
	each trench 150 feet	Trench Spacing:	Task on Comban
	e installed on contour at a		
			inches
		(Maximum soil cover shall i	
	shall be level to +/-1/4"	36" above the trench bott	tom)
in all directions)		C	
Pump Requirements:ft. TDH vs GPM		<u> </u>	inches below pipe
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Aggregate Depth:	inches above pipe
CONDITIONS: WATER LINE MUST DE 10 F	com DEPTIC DYSTE	<u> </u>	inches total
Pump Requirements:ft. TDH vs GPM Conditions: WATER LINE MUST BE 10 F MEET ON SITE FOR FINAL L	and out		
**If applicable: I understand the system type specified is different from t	the type specified on the application	n. I accept the specifications of i	this permit
·	,, ,	accept the specimeations of t	ms permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation-if the site plan, plat, or the intended use of	changes. The Construction Authorization shall not	he transferred when there is a change in a	unorehin of the site. This
Construction Authorization is subject to compliance with the province of the baws and Rules for S	ewage Treatment and Disposal and to the condition		ATTACHED SITE SKETCH
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Mall of Mills in the second			
Authorized Itata Agant.	ر ۵۵۰۵ م	dula	
Authorized State Agent:	Date: Tuction Authorization Expiration [6/11/10	

Harnett County Department of Public Health Site Sketch

