HTE# 10-5-24563

Harnett county Department of Public Heartn

Improvement Permit

		A building permit cannot be issued with only an in		
ICCUED TO	CAVINESS LAND DE	PROPERTY LOCATION:	JURSERY RO	107 4 1570
				LOT # <u>188</u>
NEW 🔀	THE SEO (LES ASS)	UN 🗀 Site Improv	rements required prior to Construction Authoriz	ation Issuance:
	ture: 300 (A6 750)	SUCTION SYSTEM		
	, ,,	POOLIGH SISTEM		
	ly Flow: 480 GPD	9 —		
Number of be		upants:8max		
Basement [
Pump Require		uired based on final location and elevations of facil		V-1 -:
		□ Well Distance from well 100	_ feet Permit valid for:	Five years
Permit condit	10115:			☐ No expiration
-				
Authorized Ct.	ata Agantu	26115 Date: 6 17	O CEE ATTA	CHED CITE CAELCH
Authorized Sta		rantees the issuance of other permits. The permit holder is response		ACHED SITE SKETCH
		changes. The Improvement Permit shall not be affected by a cl		
	ules for Sewage Treatment and Disposal and to conditi	- 1	, , , , , , , , , , , , , , , , , , , ,	
		Construction Authoriza	tion	
		40 N N N N N N N N N N N N N N N N N N N		
	1: W	(Required for Building Permit)		
The construction with the attached		.1954, .1955, .1956, .1957, .1958. and .1959 are incorporated	by references into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO:	CAVINESSLAND	PROPERTY LOCATION:	NURSERY RD	
		CHEDIMICION /2	OODSHIRE	LOT # 188
Facility Type	: SFO (48 x68)	New □ Expansion □	_	
		ixtures? Yes No	- nepan	
		REDUCTION SYSTEM	(Initial) Wastewater Flow:	480 GPD
, ,	TOO	1000011014	(IIIItial) Wastewater 110w.	740 010
(see note be	elow, if applicable 🗆)	REDUCTION SYSTEM (Repair)		
1				
	Requirements/Conditions	Number of trenches 3	9	
	Size 1000 gallons	Exact length of each trench5	feet	
Pump Tank	Size gallons	Trenches shall be installed on contour at a		nches
		Maximum Trench Depth of: 34	inches (Maximum soil cover shall r	ot exceed
		(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	om)
		in all directions)		
Pump Requi	rements:ft. TDH vs	*		inches below pipe
			Aggregate Depth:	
Conditions	WATER LINE MUST	SEIN' From SEPTIC ST	STEM NO	inches total
L X 11	ITLES MAN ENGER	BE 10' From SEPTIC ST QCH ON MITALOR REP	Die Dock	iliciles total
	THE LACE	SOU ON INTIMEOUS NOT	ALLE PLEAT	
**If applicab	le: I understand the system type specifi	ed is different from the type specified on the	application. I accept the specifications of t	this permit.
Owner/Legal	Representative Signature:		Date:	
This Construction	Authorization is subject to revocation if the site plan	n, plat, or the intended use changes. The Construction Authoriza	tion shall not be transferred when there is a change in o	wnership of the site. This
Construction Aut	horization is subject to compliance with the provision	s of the Laws and Rules for Sewage Treatment and Disposal and	to the conditions of this permit.	ATTACHED SITE SKETCH
		lall		
Authorized	State Agent:	REHS	Date: 6 17 10	
			1 1 1	
		Construction Authorization Ex	piration vate: 6 1/16	

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	NURSERY	Ro		
ISSUED TO: CAVINGS LAND REV.	SUBDIVISION	WOODSMIRE		LOT #	1881
Authorized State Agent:	RENS	Date:	6/17/16		

KIMBROUGH DR

