## HTE# 10-5-24-1847

## Harnett County Department of Public Health

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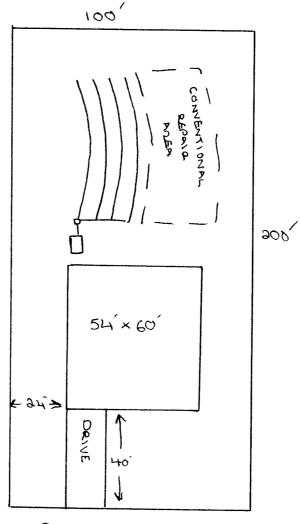
<u>Im</u>	p	ro	ve	m	en	t	P	er	m	lit

	A building permit can	not be issued wit	h only an Improvem	ent Permit	
KELLED TO: The And Rouge Con		PROPERTY LOCA	TION: GREEN	LINKS DR.	
ISSUED TO: TABON PONCE CON NEW REPAIR D FXPAN	SION 🗆	SUBDIVISION	CAROLINA	DEADONS	LOT # <u>45</u>
Type of Structure: SFD (54×60)			Site Improvements	required prior to Construction A	uthorization Issuance:
Proposed Wastewater System Type: Convert	vanto l				
Projected Daily Flow: GPD	IONAC	_			
	cupants:	max			
Basement $\Box$ Yes $\blacksquare$ No					
Pump Required: 🗆 Yes 🔀 No 🗆 May be re	quired based on final l	location and eleva	tions of facilities		······································
Type of Water Supply: 🗌 Community 🛛 🔀 Public	🗆 Well Distar	nce from well 1	nons of factives	Permit valid for	r: K Five years
Permit conditions:			<u> </u>	i chinit Vanu Iu	<b>x</b> · · · <i>j</i> · = · ·
11 100-					No expiration
Authorized State Agent::	REAS	Date:	8310	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended us	rantees the issuance of other	r permits. The permit	holder is responsible for	A 12 - 44 - 44 - 44 - 44 - 44 - 44 - 44 -	
site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condi		Permit shall not be a	ffected by a change in ov	nership of the site. This permit is subje	ct to compliance with the provisions of
	Constr	uction A.	h		
		<u>uction Aut</u>			
The construction and installation manipulation ( ) to the same	<u>(Req</u>	uired for Buildin	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957,	.1958. and .1959 are	incorporated by reference	es into this permit and shall be met. Sy	stems shall be installed in accordance
ISSUED TO: JASON PRICE CONS	<del>۲</del> ۲.	PROPERTY	LOCATION: GRE	EN LINKS De.	
		CURRINGIA	N CAROLIN	EN LINKS De. A SEASONS	INT # 45
Facility Type: SFD(54×60)	🔀 New	E Evnanci	on 🗌 Repair		
Basement? 🗌 Yes 🔀 No 🛛 Basement Fi	vtures? 1 Yes	No.			
Type of Wastewater System**	TIONAL			(Initial) Wastewater Flo	480 000
(see note below, if applicable [1]			· · · · · · · · · · · · · · · · · · ·	(initial) wastewater rio	w: GPD
CONVER	TONAL		(Renair)		
Installation Requirements/Conditions	Mumber of two at	L L			
Septic Tank Size 1000 gallons	Exact length of e	ach trench S	5 fact	Trench Spacing:	
Pump Tank Size gallons	Trenches shall be	installed on con	ieet	Trench Spacing:	Feet on Center
			$\frac{-36}{-36}$ inches	Soil Cover: 12-22	
	(Trench bottoms s			(Maximum soil cover sha	
		man de level to	+/-1/4	36" above the trench b	oottom)
Pump Requirements:ft. TDH vs	in all directions)			1	
	GPM			<u>م</u>	inches below pipe
Conditions:				Aggregate Depth:	inches below pipe
					17 inches total

## WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application	ration. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall	I not be transferred when there is a share is a line of the state
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the o	conditions of this parmit
Authorized State Acent	ate: 0310





SPRING FLOWERS DR