HTE# 10-5-25709R

Harnett County Department of Public Health

Improvement Permit

26404

A bui	Iding permit cannot be issued wi		Permit Kalybeate Spn	ida RA
ISSUED TO: BRIAN 5 FRANKSON	SUBDIVISION	THE BIVERS	of Chosslesk	LOT # 6
NEW REPAIR □ EXPANSION Type of Structure: SFD			uired prior to Construction Author	rization Issuance:
Proposed Wastewater System Type: 25% PROULTUS Projected Daily Flow: 600 GPD	System			
Number of bedrooms: S Number of Occupants Basement Vives No	s:max	,		
Pump Required: ☐Yes ☐ No ☑ May be required	based on final location and elev	ations of facilities		
Type of Water Supply: ☐ Community ☑ Public ☐ Permit conditions:	Well Distance from well	feet	Permit valid for:	Five years No expiration
Authorized State Agent Manha	A & REUS Date:	12-28-10	CEE ATI	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees site is subject to revocation if the site plan, plat, or the intended use chang the Laws and Rules for Sewage Treatment and Disposal and to conditions of	the issuance of other permits. The permi es. The Improvement Permit shall not be	t holder is responsible for chec	king with appropriate governing bodies in	meeting their requirements. This
	Construction Au	thorization	,	, <u>, , , , , , , , , , , , , , , , , , </u>
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	` ·	- '	nto this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: BREAD S FRANKSON	PROPERT	LOCATION: <u>Se 14</u>	111 Chalybeste 2 5 @ Chopslil	pring RD
Facility Type: SFD	New 🗆 Expan		se cropen	<u>و</u>
Basement? ✓ Yes ☐ No Basement Fixture		5.0/0	/Little Western to Floor	/ A:> con
Type of Wastewater System** MANITEE TO (See note below, if applicable □)		,	(Initial) wastewater flow:	600 GPD
MANETES FO	25% RSDUIRON	<u>) (</u> (Repair)		
	lumber of trenches		a	
•	xact length of each trench		Trench Spacing:	Feet on Center
, U	renches shall be installed on o laximum Trench Depth of:		Soil Cover: (Maximum soil cover shall	inches
Z-X /2 SCL40 VANKS (Trench bottoms shall be level n all directions)		36" above the trench bot	
	GPM		6	inches below pipe
Tump Requirements.	Ut 11		Aggregate Depth: Z	inches above pipe
Conditions:			00 0 1	/Z inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA		SEPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR KEPAIK DRA	IIN FIELD AKEA.			
**If applicable: / understand the system type specified is	different from the type specifi	ied on the application.	I accept the specifications of	this permit.
Owner/Legal Representative Signature: Date:				
Owner/Legal Representative Signature:				
Construction Authorization is subject to compliance with the provisions of the	Laws and Rules for Sewage Treatment a	nd Disposal and to the condition	ons of this permit.	ATTACHED SITE SKETCH
Authorized State Agent: Date: 12-28-10 Construction Authorization Expiration Date: 12-28-15				
\mathcal{O}	Construction Autho	rization Expiration D	ate: <u>12-28-15</u>	·

Harnett County Department of Public Health Site Sketch

