HTE# 11-5-26060 Harr	nett County Department	of Public	: Health	
	Improvement Per	mit		26331
ļ			ermit	
E I I P	building permit cannot be issued with only a PROPERTY LOCATION.	Rosser Pin	Huan Id.	
ISSUED TO: JOUTH Castern Inopert	SUBDIVISION Vite	this loss	Fing	LOT # <u>/</u>
NEW 🖃 🛛 🕺 EXPANSIO	DN 🗆 Site Ir	nprovements requi	red prior to Construction Author	ization Issuance:
Type of Structure: <u>SFD</u> 40x38' Proposed Wastewater System Type: <u>2570 Reduct</u>	Fish Suchen			······································
Projected Daily Flow: GPD				
Number of bedrooms: 3 Number of Occu	pants: max			
Basement Yes No	· · · · · · · · · · · · · · · · · · ·		·····	
Pump Required: 🛛 Yes 🖵 No 🗆 May be requ	ired based on final location and elevations of	facilities	N	
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	feet	Permit valid for:	Five years
				No expiration
Authorized State Agent: 6 Jugar 14 Jus	LEH Date: 3/	15/2011		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use	intees the issuance of other permits. The permit holder is	responsible for checking	ig with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditio		y a change in ownersh	p of the site. This permit is subject to	compliance with the provisions of
	Construction Authori	zation		
	(Required for Building Per			
The construction and installation requirements of Rules .1950, .1952, .			this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.	_			
ISSUED TO: <u>Southearten Prope</u> Facility Type: <u>SFD</u>	-fies PROPERTY LOCAT	ION: Rosse	r Pittman Rd.	
	SUBDIVISION	Pittnan	Crossing	LOT # 3/
Facility Type:	🗹 New 🛛 Expansion	🗆 Repair	J	
Basement! 🗌 Yes 🖬 No Basement Fix	tures? 🗋 Yes 🔛 No			
	eduction System		_ (Initial) Wastewater Flow: _	<u>360</u> GPD
(See note below, if applicable □)				
	duction System (Repa	ir)		
Installation Requirements/Conditions	Number of trenches		C	
Septic Tank Size /000 gallons	Exact length of each trench $\underline{/20}$ Trenches shall be installed on contour	feet 1	rench Spacing: <u>7</u>	Feet on Center
Pump Tank Size gallons	Irenches shall be installed on contour	ata y	oil Cover: <u>6 - 7 6</u> i	nches
	Maximum Trench Depth of: <u>18-30</u>	//// Inches		
	(Trench bottoms shall be level to +/-I	/4	36" above the trench bott	om)
Pump Requirements:ft. TDH vs	in all directions)			inches helew size
1 dinp RequirementsR. 101 VS	0111		Aggregate Depth:	inches below pipe
Conditions:				inches above pipe
				וונווכא נטנמו
WATER LINES (INCLUDING IRRIGATION) MUST	RE INFT FROM ANY PART OF CEDTIC	CALL UN VEL		······································
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I			AIN ANLA.	
**If applicable: / understand the system type specified	l is different from the type specified on t	the application. I	accept the specifications of t	this permit.
	<i>// /</i>		, ,	I
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 not be transferred when there is a change in ownership	of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	IED SITE SKETCH

	1 0		
Authorized State Agent:	NGwin REHT	Date: 3/15/2611	
	Construction	Authorization Expiration Date: 3/15/201	6

HTE# 11-5-26060 Permit # _ <u>2 6331</u> Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: Rosser Pittman Rd _____ SUBDIVISION _ Pittman Crossing ISSUED TO: Southeastern Properties LOT # 31 Rế Hĩ Date: ____ 2011 Authorized State Agent:

