HTE#<u>11-5-26393</u>

## Harnett County Department of Public Health

**Improvement Permit** 

26347

	A building permit cannot be issued with			
ISSUED TO: Gary W. Libinson	PROPERTY LOCAT	10N: Dove K		LOT # /
NEW □ REPAIR □ . EXPANS			uired prior to Construction Autho	
Type of Structure: JFO 57x80	ON 13	offe unbrovenguents ted	urea prior to construction Autilo	nzation issuance:
Proposed Wastewater System Type: 25% Red	uction Suctea			
Projected Daily Flow: 360 GPD	<u> </u>			
Number of bedrooms: 3 Number of Occi	upants: 6 max			
Basement 🗆 Yes 🖼 No	Thants.			
	uired based on final location and elevat	ions of facilities		VI-1
Type of Water Supply:   Community Public	☐ Well Distance from well		Permit valid for:	Five years
Permit conditions:			Terrine fund for.	☐ No expiration
1				no expiration
	. (	//		
Authorized State Agent::	Juan Lett Date:	5/2/2011	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditi	changes. The Improvement Permit shall not be a	holder is responsible for che ffected by a change in owne	cking with appropriate governing bodies in	n meeting their requirements. This
,				
	Construction Aut	horization		
	(Required for Buildin			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.			into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: Gary W. Lobinson	PROPERTY	LOCATION: Do	le Lidge hr	
	PROPERTY SUBDIVISIO	N Dave 1	idee	LOT # /
Facility Type: <u>SFD</u>	New   Expansi		197	LOT #
	xtures?  Yes  No	оп 🗀 керап		
			(Initial) Wasternaton Florin	766 cm
	aug rea syrrence		(Initial) Wastewater Flow:	FG GPD
(See note below, if applicable □)	duction System	<b>(5.</b> • • • • • • • • • • • • • • • • • • •		
		_(Repair)		
Installation Requirements/Conditions	Number of trenches 2		a	
Septic Tank Size / OO O gallons	Exact length of each trench $\underline{\hspace{1.5cm} I}$		Trench Spacing:9	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	ntour at a		inches
	Maximum Trench Depth of: 🚅	. <u>Y</u> inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bot	tom)
	in all directions)			,
Pump Requirements:ft. TDH vs				inches below pipe
			Aggregate Depth:	
Conditions:			Aggregate Deptil.	• •
Conditions.		, e		inches total
WATER LINES (INCLUDING IRRIGATION) MUST	DE 10ET EDOM ANV DADT OF CE	DTIC CVCTEM OD D	EDAID ADEA	
		FIIC STSIEM UK K	CPAIR ARCA.	
O UTILITIES ALLOWED IN INITIAL OR REPAIR	UKAIN FIELD AKEA.			
**If applicable: / understand the system type specifie	d is different from the type specifie	d on the application.	I accept the specifications of	this permit.
			_	
Owner/Legal Representative Signature: his Construction Authorization is subject to revocation if the site plan,			Date:	
his Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construct	ion Authorization shall not b	e transferred when there is a change in c	
Construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sewage Treatment and	Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
// A. ·	1. 1. 110			
Authorized State Agent:	wa Retts	Date: _		****
·/ ·	Construction Authoriz	zation Expiration D	ate: 5/2/2016	
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## Harnett County Department of Public Health Site Sketch

