HTE#<u>11-5-27536</u>

## Harnett County Department of Public Health

26533

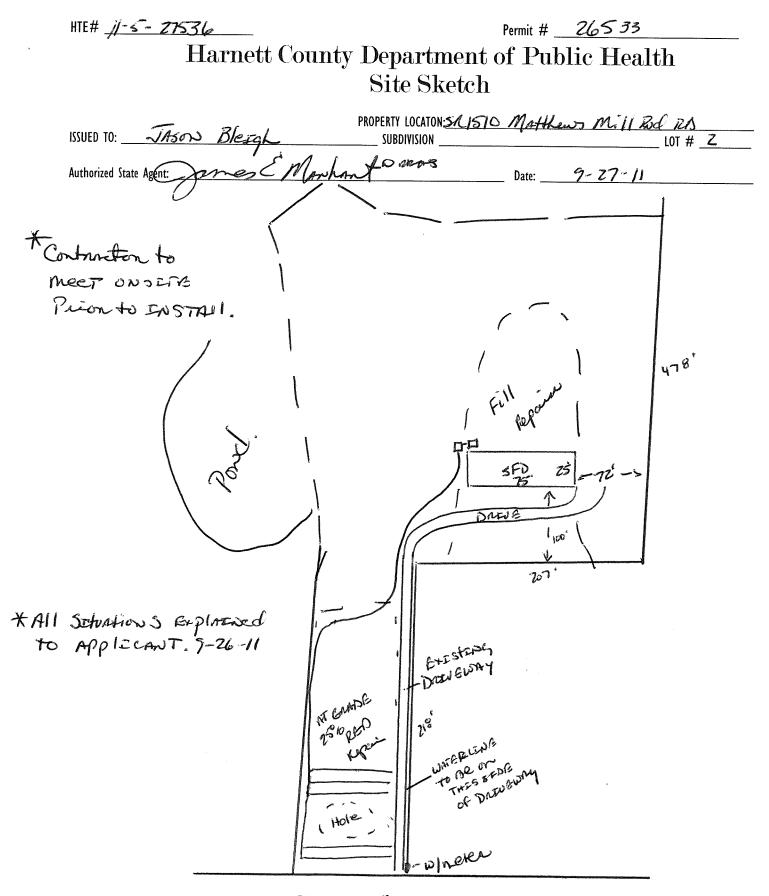
	<u>Improvement</u> Permit		20000
A building perm	it cannot be issued with only an Improvemen	it Permit	
	PROPERTY LOCATION: 372 1510		Ill Rond RM
ISSUED TO: JASON BIETHA	SUBDIVISION		LOT # Z
NEW 🗹 REPAIR 🗆 🖌 EXPANSION 🗆	Site Improvements re	equired prior to Construction Author	ization Issuance:
Type of Structure: <u>SFIS</u>		· ·	
Proposed Wastewater System Type: Manafee to 2502	2015		
Projected Daily Flow: 360 GPD			
Number of bedrooms: Number of Occupants:	<u> </u>		
Basement Yes No			
Pump Required: 🛛 Yes 🗆 No 🔅 May be required based on	final location and elevations of facilities		/
	Distance from well 100 feet	Permit valid for:	Five years
Permit conditions:	1. 0.00 - 0.00	~ <i>A</i>	No expiration
Christon	to neet onsis	12	
Authorized State Agent: me C Marka	Date: 9-27-	11	
The issuance of this permit by the fealth Department in no way guarantees the issuance			ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Impro	vement Permits shall not be affected by a change in owr	recking with appropriate governing bodies in rership of the site. This permit is subject to	meeting their requirements, this compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	1		compliance with the provisions of
			·····
Co	nstruction Authorization		
<u></u>			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956,	(Required for Building Permit)	into this normit and shall be use Continue	A BALLANDAL A
with the attached system layout.		into this permit and shall be met. systems	shall be installed in accordance
The RI I			
ISSUED TO: Blegh	PROPERTY LOCATION: <u>Socies</u>	TIO MAtthews 1	nill Pord Ronal
	SUBDIVISION		LOT # <u></u>
Facility Type:SFD	New 🖵 Expansion 🗆 Repair		
Basement? 🗆 Yes 🛛 🗹 No 🚽 Basement Fixtures? 🔲 Ye			
Type of Wastewater System** Mometice to 250% R	esosna	(Initial) Wastewater Flow:	<i>360</i> GPD
(See note below, if applicable 🗔)		( ) ********************************	
Mon there to 2500	22 WCOn (Repair)		
Installation Requirements/Conditions Number of			
	h of each trench <u>60</u> feet	Trench Spacing:	East on Contar
Pump Tank Size <u>1000</u> gallons Trenches sh	all he installed on contour at a		Feet on Center
Maximum T	all be installed on contour at a $M + Y$		nches
	incles	(Maximum soil cover shall r	
•	toms shall be level to $+/-1/4$ "	36" above the trench bott	om)
in all direct	ions)	4	
Pump Requirements:ft. TDH vs GPM		_6	inches below pipe
		Aggregate Depth:Z	inches above pipe
Conditions: Contractor	to meet onserve	. /	Z inches total
·			
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	M ANY PART OF CEPTIC SUCTEM OD	DEDAID ADEA	······································
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD		NLI AIN ANCA.	
WO UTILITIES ALLOWED IN INITIAL UK KEPAIK DKAIN FIELD	AKEA.		
**If applicable: I understand the system type specified is different the	rom the type specified on the application	. I accept the specifications of t	his nermit
, ,, ,, ,			

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. SEE ATTACHED SITE SKETCH

Authorized State Agent:	Mandre Date:	5-27-11
	Construction Authorization Expiration Dat	e: <u>9-27-16</u>



5R 1510 MAtthews mill Powd RD