HTE# <u>12-5-284</u>	-	_	, ,	nent of Pub		26828
			n <mark>provemen</mark>	<u>L FERMIL</u> th only an Improvemen	+ Downie	20020
all is	- 1		PROPERTY LOC/	ATION: SAC-180	Z GANE RO	
ISSUED TO: MELTON	Exexpre	no INC	SUBDIVISION 4	JADR DT		LOT # <u>\$</u>
NEW S REPAIR E Type of Structure: 51		NSION 🗖		Site Improvements re	quired prior to Construction Auth	
Proposed Wastewater System Type	-2522RBD	ran	<u> </u>			
Projected Daily Flow:						
Number of bedrooms:3	Number of (Occupants: <u>6</u>	max			
Basement □Yes ☑ No Pump Required: □Yes □ N		manimal based on Court				······································
Type of Water Supply: Comm Permit conditions: Comm	nunity 🗹 Publi	required based on final ic 🗆 Well Dist	ance from well	ations of facilities feet	Permit valid for:	Five years
Authorized State Agept:	s 5 N	Inforto	Date:	3-8-1	7	
The issuance of this permit by the Health	Department in no way g	uarantees the issuance of ot	her permits. The permi	t holder is responsible for ch	ecking with appropriate governing hodies	TACHED SITE SKETCH
site is subject to revocation if the site pla the Laws and Rules for Sewage Treatment	in, plat, or the intended	use changes. The Improveme	nt Permit shall not be	affected by a change in own	ership of the site. This permit is subject t	o compliance with the provisions of
		Const	ruction Au	thorization		
		<u>(R</u>	equired for Build	ing Permit)		
The construction and installation requirement with the attached system layout.	ents of Rules .1950, .195	2, .1954, .1955, .1956, .195	7, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Syster	ns shall be installed in accordance
	<i>(i</i>					
ISSUED TO: Milton	breepe	SCATTAC	PROPERTY	LOCATION: TR	PT PT	
Facility Type:	`	I New			· <i>i</i> 7	LOT # <u>_8</u>
		Fixtures? Ses	Expans No	sion 🗆 Repair		
Type of Wastewater System**	250/0/10	WORN Se	ste-		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [)					
		Report		_(Repair)		
Installation Requirements/Condit		Number of tren	iches Z		G	
Septic Tank Size <u>1000</u> Burne Tank Size	gallons	Exact length of	each trench 🖊	SO feet	Trench Spacing:	
Pump Tank Size	gallons		be installed on co		Soil Cover:	inches
			s shall be level t	-	(Maximum soil cover shall	
		in all directions		0 -7-1/4	36" above the trench bo	ttom)
Pump Requirements:	ft. TDH vs.)		la	inches below nine
					Aggregate Depth:	inches above pipe
Conditions:					Aggregate Depth:	12 inches total
					······	
VATER LINES (INCLUDING IR IO UTILITIES ALLOWED IN IN				EPTIC SYSTEM OR I	REPAIR AREA.	
*If applicable: / understand the	system type speci	fied is different from	the type specifie	ed on the application.	I accept the specifications of	this permit.
)wner/Legal Representative Sign	ature:				Date:	
Owner/Legal Representative Sign his Construction Authorization is subject to	revocation if the site pl	an, plat, or the intended use	changes. The Construc	tion Authorization shall not l	e transferred when there is a change in	ownership of the site. This
construction Authorization is subject to com	pliance with the provisio	ns of the Laws and Rules for	Sewage Treatment and	Disposal and to the conditi		ATTACHED SITE SKET

Authorized State Agent: Jone & Man	LAC MOS	Date:	3-	8-12	
	Construction Authorization	Expiration Date:		7-3-17	

HTE# <u>12-5-28431</u> Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: JR/802 LANG 1	212
ISSUED TO: Milton Finkaprises Inc SUBDIVISION WADEPT-	LOT # <u> </u>
Authorized State Agent: Jones EMANLANTE Date: 3-2	8-12
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