HTE# 12-5-29845 Harnett County Department of Public Health

Improvement Permit

27209

General Livery	building permit cannot be issued with	th only an Improvement	Permit Baileys XRDS	7 MA			
ISSUED TO: CURR Well Dec	PROPERTY LOCA SUBDIVISION	1. 1. 1/1/2 3/21	sol ys plass	10T # /			
NEW ☑ REPAIR ☐ EXPANSIO		Site Improvements required prior to Construction Authorization Issuance:					
Type of Structure: SPS	male to						
Proposed Wastewater System Type: 25% [ZENU] Projected Daily Flow: 366 GPD	100 Syrill						
	pants: <u> </u>						
Basement Yes No	pana. — max						
	uired 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			
5° M	ACITORS Date:	Ø 6 : 0		ACUED CITE CUETCIS			
Authorized State Agent The issuance of this permit by the Health Department in no way guarsite is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	antees the issuance of other permits. The permit changes. The Improvement Permit shall not be	tholder is responsible for che affected by a change in owne	cking with appropriate governing bodies in	ACHED SITE SKETCH meeting their requirements. This compliance with the provisions of			
	Construction Au	thorization					
	(Required for Build	ling Permit)					
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.			into this permit and shall be met. Systems	shall be installed in accordance			
ISSUED TO: Curr Well Dev	PROPERT' SUBDIVISI	Y LOCATION: <u>30.25</u>	51 Baskeys XIZI	15 RD			
حة بد لات	SUBDIVISI	ON WELLOWBO	wole	LOT # _/			
Facility Type: SFD Basement? Yes No Basement Fix	🗷 New 🖵 Expan	ision 🗆 Repair					
Basement? Yes No Basement Fix	xtures? 🗆 Yes 🗹 No			3 6			
Type of Wastewater System** 25% 726131	win Joston		(Initial) Wastewater Flow:	GPD			
(See note below, if applicable □)							
	102N 34542	(Repair)					
Installation Requirements/Conditions	Number of frenches		S				
Septic Tank Size /000 gallons	Exact length of each trench		Trench Spacing: 5				
Pump Tank Size gallons	Trenches shall be installed on o			inches			
	Maximum Trench Depth of: 2		(Maximum soil cover shall				
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bot	tom)			
	in all directions)		,				
Pump Requirements:ft. TDH vs	GPM		Aggregate Depth: 2	inches below pipe			
Conditions:			Aggregate Depth:	inches above pipe			
WATER LINES (INCLUDING IRRIGATION) MUST		SEPTIC SYSTEM OR I	REPAIR AREA.				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.						
**If applicable: / understand the system type specifie	ed is different from the type specin	fied on the application	. I accept the specifications of	this permit.			
Owner/Legal Representative Signature:			Date:				
This Construction Authorization is subject to revocation if the site plan							
Construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sewage Treatment a	nd Disposal and to the condit	ions of this permit. SEE	ATTACHED SITE SKETCH			
Authorized State Agent:	Manhant & TENS	Date:	10-9-12 Date: 10-9-17				
<i></i>	Construction Author	rization Expiration [Date: 10-9-17				

Harnett County Department of Public Health Site Sketch

	Cenesis IV	THE THE	PROPERTY LOCATON	32551	Boule	43 X RAS	RD
ISSUED TO:	Canaliell 1	کوئ	PROPERTY LOCATONSUBDIVISION	WEllow	brock	/	LOT #
Authorized Stat	te Agent: Jame	2 8 MA	whom to	izens	Date:	10-9-12	

