HTE# 13-5-31674

Harnett County Department of Public Health 24397

Improvement Permit

	PROPERTY LOCA		Permit 2.1	
ISSUED TO: SAVY HOMES L	LC SUBDIVISION	MAMIE B		LOO # LOOD
NEWX REPAIR C EXPANSION Type of Structure: SCO (45×50)			quired prior to Construction Authori	
Type of Structure: 50 (45.50)				
Proposed Wastewater System Type: 25% RED	10x,04			
Projected Daily Flow: GPD	C			
Number of bedrooms: Number of Occupan	ts: max			
Basement Yes No				
Pump Required: Yes No May be required:	d based on final location and eleva	itions of facilities	B 2 846	₩
Type of Water Supply:	J Well Distance from well	100 feet	Permit valid for:	Five years No expiration
-				
Authorized State Agent::	OCHS Date:		SEE ATT/	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way getheir requirements. This site is subject to revocation if the site plant the site plant is subject to revocation if the site plant is subject to revocation is subject to revocation.	uarantees the issuance of other permit	s. The permit holder is re	esponsible for checking with appropriate	governing bodies in meeting
permit is subject to compliance with the provisions of the Laws an	d Rules for Sewage Treatment and Dis-	ne improvement remit si posal and to conditions of	nan not be anected by a change in ow this permit	mersnip of the site. This
		occur and to conditions of	was permit.	
	Construction Au	thorization		
The construction and installation requirements of Rules .1950, .195	<u>Required for Buildi)</u>		ad bu walananan into this	hall to make the control of the
installed in accordance with the attached system layout.	در ۱۲۵۰, ۱۲۵۰, ۱۲۵۵, ۱۲۵۵, ۱۲۵۱, ۱۲۵۵.	and .1757 are incorporate	ed by references into this permit and s	nall be met. Systems shall be
ISSUED TO: SAVY HOMES LL	PROPERTY	LOCATION: OL	-0 421	
	SIRDIVISIO	IN Mamie	-0 421 BELL RIDGE	4001 # TOJ
Facility Type: SFO (45'>50)	_ New □ Expans			LOI # 1
Basement? Yes No Basement Fixtur	es? Yes No	поп 🗀 перап		
Type of Wastewater System** 25% RED	USS 100 (Initial)	Wastewater Flow:	340 GPD	
(See note below, if applicable \square)	(mitial)	wastewater from.	UID	
25% RED	UCTION	_(Repair)		
Installation Requirements/Conditions	VANAL.	_(nepair)		
mistalization regalitations conditions				
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	4 × 50 foot	Trench Spacing: 9	Foot on Contar
_ · · · · · · · · · · · · · · · · · · ·	Frenches shall be installed on co			
	Maximum Trench Depth of:			nches
			(Maximum soil cover shall n	
	(Trench bottoms shall be level to	0 +/-1/4	36" above the trench bottom	om)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type	specified is different from the	type specified on the	application. I accept the specific	cations of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the Site of	an, plat, or the intended use changes.	The Construction Authoriz	zation shall not be transferred when th	ere is a change in ownership
of the site. This Construction Authorization is subject to compliance	with the provisions of the Laws and P	lules for Sewage Treatment	t and Disposal and to the conditions of	f this permit.
			SEE ATTA	ACHED SITE SKETCH
Authorized State Agent:	My REMS	Date:	8 13 13 late: 8 13 18	
	Construction Authori	ization Expiration D	late: 18/13/18	

Harnett County Department of Public Health Site Sketch



