HTE# 13-5-37858

Harnett County Department of Public Health

Improvement Permit

27655

A t	ouilding permit cannot be issued with (
c Q	PROPERTY LOCATION			L 2014
ISSUED TO: CATES BUILDING	è SUBDIVISION <u></u> ✓	1EST LAND	MUC DIST TO BUK	<u>m TT LOT # 180</u>
NEW X REPAIR □ EXPANSION Type of Structure: 550 (40×5)		ite Improvements req	uired prior to Construction Auth	orization Issuance:
Proposed Wastewater System Type: 25% RED	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	**************************************
Proposed wastewater system type:	700,00 242 EV			
Projected Daily Flow: GPD GPD	. 9			
Number of bedrooms: Number of Occupa	nts: <u> </u>			
Basement Yes No				
	ed based on final location and elevation			→ .
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well <u>FC</u>	feet	Permit valid for:	Five years No expiration
Authorized State Agent::	RENS Date:	8/21/13		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use chithe Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement Permit shall not be affe	older is responsible for che ected by a change in owne	cking with appropriate governing bodies rship of the site. This permit is subject	in meeting their requirements. This to compliance with the provisions of
,	Construction Auth	norization		
	(Required for Building			
The construction and installation requirements of Rules .1950, .1952, .195			into this permit and shall be met. Syste	ems shall be installed in accordance
with the attached system layout.				
ISSUED TO: CATES BUILDING	PROPERTY L	OCATION: _ R	PINE De	
Facility Type: SFO (40'x52)			DINC OTHE SUMM	7 <u>7.</u> F01 # <u>180</u>
Facility Type: SFO (40 × 92)	_ 🔀 New 🖂 Expansio	n 🗌 Repair		
Basement? Yes No Basement Fixtu	ıres? 🗆 Ÿes 🔀 No			
Type of Wastewater System** 25% F	LEDUCTION SYST	7F m	(Initial) Wastewater Flow	1: 480 GPD
,,			(IIIIIIII) Wastewater 110W	· di v
(See note below, if applicable \square)	DUKTION SYSTEM	(D :)		
		(Kepair)		
Installation Requirements/Conditions	Number of trenches		c.	
Septic Tank Size 1000 gallons	Exact length of each trench	feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con		Soil Cover: 12-38	inches
0	Maximum Trench Depth of:		(Maximum soil cover shal	-
	(Trench bottoms shall be level to		36" above the trench be	
	`	T/-1/4	30 above the trench b	ottom)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEF	PTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI				
**If applicable: / understand the system type specified	is different from the type specified	on the application.	. I accept the specifications o	f this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, pl	at, of the intended use changes. The Construction	on Authorization shall not	be transferred when there is a change i	n ownership of the site. This
Construction Authorization is subject to compliance with the provisions of				E ATTACHED SITE SKETCH
Authorized Chata Agents	res I IIII)\$ n_+	8/21/20	
Authorized State Agent:	-1 11 11 11 11 11 1	vate:	0 0 0 0 0 0 0	
Authorized State Agent: Construction Authorization Expiration Date: 8 27 78				

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: ALBINE DR

SUBDIVISION WEST LANDING OTHE SUMMITALIT # 180

Authorized State Agent:

Date: 8213

