HTE# 13-5-3222002 R

Hamett County Department of Public dealth

Improvement Permit

27692

A	building permit cannot be issu	1 10000	~ 1 · ·	
ISSUED TO: SOUTH - SCAN INC	PROPERTY SURDING	LOCATION: PRAIRI	LUFF E FOX EVN	LOT # Y2
NEW REPAIR EXPANSIO	3000ITI3I	Site Improvements re	quired prior to Construction Author	
Proposed Wastewater System Type: 250/- 250	17CK 19N			
Projected Daily Flow: 560 GPD	_			
Number of bedrooms: 3 Number of Occup	ants: 6max			
Basement				
Pump Required: □Yes □ No ⋈ May be required: □Yepe of Water Supply: □ Community □ Public Permit conditions: □ Pumple Pum	red based on final location and	d elevations of facilities ell 100 feet	Permit valid for:	Five years No expiration
Authorized State Agent:: The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	tees the issuance of other permits. The hanges. The Improvement Permit shall		ecking with appropriate governing bodies	
The construction and installation requirements of Rules .1950, .1952, .19	(Required for	Authorization Building Permit) 1959 are incorporated by references	into this permit and shall be met. Systen	ns shall be installed in accordance
ISSUED TO: SOUTH SCAN INC	PRO	PERTY LOCATION: Pa	AIRLIE LN	
Facility Type: STO (42×40)	🔀 New 🔲 E	DIVISION TOOTE Expansion Repair	es Bluff	LOT # <u>'Y}</u>
Type of Wastewater System** 25%	ures? I Yes IX No	YSTEM	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable \square)	EDUCTION	(n)		
	Number of trenches\	(Repair)		
Installation Requirements/Conditions Septic Tank Size Condition	Exact length of each trenc	h 300 feet	Trench Spacing:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed		Soil Cover:	inches
8 min	Maximum Trench Depth of		(Maximum soil cover shall	•
	(Trench bottoms shall be I		36" above the trench bo	
	in all directions)			,
Pump Requirements:ft. TDH vs	_ GPM		***************************************	inches below pipe
Conditions:			Aggregate Depth:	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		OF SEPTIC SYSTEM OR	REPAIR AREA.	
**If applicable: / understand the system type specified	is different from the type s	pecified on the application	n. I accept the specifications of	this permit.
, , ,	,, ,	,,	, ,	′
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, p Construction Authorization is subject to compliance With the provisions of	•		•	ownership of the site. This ATTACHED SITE SKETCH
Authorized State Agent:	REH		10/20/13	104/13
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Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: PRANCIE LN
ISSUED TO: SOUTH - SCAN 1.	NC SUBDIVISION TROTIERS BLUFF LOT # 42
Authorized State Agent:	REAS (021VER TOLKSDOGO) Date: 10/24/13 11/04/13
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PRAIRIE LN