## HTE# 14-5-33198 Hai t County Department of Public ealth

27854

Improvement Permit

Α 0	building permit cannot be issued with	TION: 5×1437 /		
TAVET BILLDO			monet 100	10T # 10
ISSUED TO: 5/1/WCM / BUSTONY		HAdden Pe	mayer	LOT # 19
NEW REPAIR EXPANSION		Site Improvements requ	ired prior to Construction Author	rization Issuance:
Type of Structure:				
Proposed Wastewater System Type: 25% 178200	run_			
Projected Daily Flow: GPD				
Number of bedrooms: Number of Occupa	ints: 6 max			
Basement □Yes ☑ No				
Pump Required: Tes No May be required.	ed based on final location and eleva	ations of facilities		
	☐ Well Distance from well		Permit valid for:	Five years
Permit conditions:				☐ No expiration
1 1	. /			
Authorized State Agent: As	nfante Date:	4-8-1	Y SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	ees the issuance of other permits. The permi	t holder is responsible for chec	king with appropriate governing bodies i	n meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be	affected by a change in owner	ship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit.			
	Construction Au	thorization		
	WALE IN LIBERT COLUMN			
	(Required for Build			toll to total discount on
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references i	nto this permit and shall be met. System	is shall be installed in accordance
with the attached system layout.				
ISSUED TO: STANCE BUSTAKES	ENC PROPERT	LOCATION: 30 14	37 Ballono	ns
1330ED 10. 21111 -1 1300E 1110 E	CIINUMIN	ON 1611	- Porte	LOT # _/S
FC			- route	LOT # _/
Facility Type:	New Expan	sion 🗌 Repair		
Basement?  Yes  No Basement Fixt	ures? 🗆 Yes 🖃 No			71 -
Type of Wastewater System** 25% RSDU	crow Systien		(Initial) Wastewater Flow:	
(See note below, if applicable $\square$ )	/			
Plum to 2	5% REDUCTOS	(Repair)		
Installation Requirements/Conditions	Number of trenches 1	_(,		
		740 64	Trench Spacing:	Coat on Conton
Septic Tank Size 1000 gallons	Exact length of each trench			_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on o	contour at a	Soil Cover:	inches
	Maximum Trench Depth of:	Z 9 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bo	ttom)
	in all directions)			,
Pump Requirements:ft. TDH vs				inches below pipe
rump kequirementsit. 10ft vs	_ drn		1 D .d.	
			Aggregate Depth:	inches above pipe
Conditions:				12 inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT, FROM ANY PART OF S	SEPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
NO UTILITIES ALLOWED IN INITIAL OR RETAIN D	RAIN FILLD ARLA.			
**If applicable: I understand the system type specified	is different from the type specif	fied on the application.	I accept the specifications of	this permit.
	" '	- 11		
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to represent if the site plan of	alat or the intended use changes. The Constr	uction Authorization shall not b	a transferred when there is a change in	ownership of the site This
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This  Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH				
construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment a	nd visposal and to the conditi	ons or this permit.	ATTACHED SHE SKEICH
Authorized State Agent: Date: U-8-14				
Authorized State Agent:	Anhonto	Date:		
	Construction Author	rization Expiration D	ate: 4-8-1	3
				1

HTE# 14-5-33198

Permit # 27854

## Harnett County Department of Public Health Site Sketch

Maria Santa	PROPERTY LOCATON: 52/437 Ballond 20 Ex SUBDIVISION Apoll Porte LOT # 19
Authorized State Agent:	12 Date: 4-8-14
July and the	
Va	
	16.0
	32
	13
	63
	10
	Land without
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	YUKON TRAVI