HTE#_14-5-34437

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County Department of Public alth

28103

Improvement Permit A building permit cannot be issued with only an Improvement Permit

4/		10N: 7 ingento		
ISSUED TO: Trace Honer	_ SUBDIVISION _/	Market place		LOT # 93
NEW ☑ REPAIR ☐ , EXPANSION ☐		Site Improvements requ	ired prior to Construction Authoriz	tation Issuance:
Type of Structure: JFD 56 x56				
Proposed Wastewater System Type: 25% Reduction System				
Projected Daily Flow: 480 GPD	_			
Number of bedrooms: 4 Number of Occupants: 8	max			
Basement 🗆 Yes 🖾 No				
Pump Required: □Yes ☑ No □ May be required based on final I	location and eleva-	tions of facilities		
Type of Water Supply: Community Public Well Distar Permit conditions:			Permit valid for:	Five years No expiration
- /S				
Authorized State Agent: Luga Musica Rell	Date:			ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	er permits. The permit	holder is responsible for chec	king with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	t Permit shall not be a	affected by a change in owner	ship of the site. This permit is subject to o	ompliance with the provisions of
the caws and rules for sewage freatment and disposal and to conditions of this permit.				
Constr	ruction Au	<u>thorization</u>		
(Re	equired for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957			nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: Trace Homer	PROPERTY	LOCATION: 7:0	gen Rd.	
	SUBDIVISIO	IN Market	place	LOT # 93
Facility Type: New				Charles and
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes	□ No	non 🗀 nepan		
	□ NO		/I *: 1) W	4.90 000
Type of Wastewater System** 25% Reduction System	ten		(Initial) Wastewater Flow: _	480 GPD
(See note below, if applicable □)				
25% Reduction Syste	m	_(Repair)		
Installation Requirements/Conditions Number of trend	iches /	5.		
· · · · · · · · · · · · · · · · · · ·	each trench 2	o O feet	Trench Spacing: 9	Feet on Center
	be installed on co		, ,	nches
	ch Depth of: <u>/8</u>		(Maximum soil cover shall r	
(Trench bottoms	s shall be level t	0 +/-1/4"	36" above the trench bott	om)
in all directions	i)			
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	inches above pipe
Conditions: Run liner on contour			00.00	inches total
Conditions.			· · · · · · · · · · · · · · · · · · ·	menes total
			Harris and American	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE		EPTIC SYSTEM OR F	REPAIR AREA.	
**If applicable: I understand the system type specified is different from	the type specific	ed on the application.	I accept the specifications of t	this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	e changes. The Constru	ction Authorization shall not	be transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for			CFF	ATTACHED SITE SKETCH
And the provisions of the cars allo fulles for	. seriage freatment an	und to the conditi	. /	The same of the sa
16 Mc/ 0.11				
Authorized State Agent: Suga Monin LEHS		Date:	9/8/29/4	
Cons	struction Author	rization Expiration D	ate: 9/8/20/9	
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Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Tingen Rd.		
ISSUED TO: Trace Homer	SUBDIVISION Market Place	LOT #	93
Authorized State Agent: Sugar McChein	REHS Date: 9/8/2014		

