HTE#14-5-3520812

Harnett County Department of Public Health

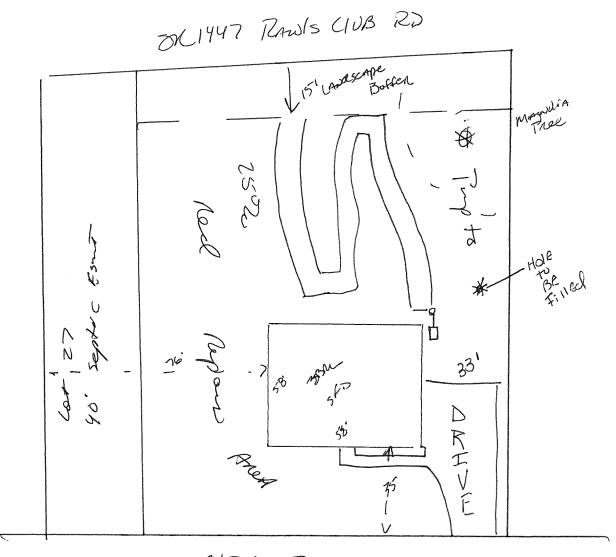
28390

Improvement Permit

	nit cannot be issued with only an Improvement Permit
ISSUED TO: SEA 2 LLC	PROPERTY LOCATION: <u>SA 1447 RAWLS (JUB RA)</u> SUBDIVISION MASAIO (JA CREST LOT # 28
NEW ☑ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure:	
Proposed Wastewater System Type: 25% 1281500000000000000000000000000000000000	
Projected Daily Flow: 3 60 GPD	
Number of bedrooms: 3 Number of Occupants: 6	max
Basement 🗆 Yes 🗆 No	
Pump Required: □Yes □ No □ May be required based on	final location and elevations of facilities
/1 11 / /	Distance from well feet Permit valid for: Five years
Permit conditions:	□ No expiration
Allie State And State of Market	Date: 6-3-15 SEE ATTACHED SITE SKETCH
Authorized State Agent	of other permits. The permit holder is responsible for checking 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 Impro	ovement Permit shall not be affected by a change in ownership 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.	
- Allen - I	
Со	nstruction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956	5, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO: SEA 2 UC	PROPERTY LOCATION: SX 1447 RAWS CIUB RD SUBDIVISION Marso 44 Crost LOT # 28 New Expansion Repair
	SUBDIVISION Magno Wa Crost LOT # 28
Facility Type:	New Expansion Repair
Basement? Yes No Basement Fixtures? Y	
Type of Wastewater System** 25% RBDUCTOD	System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	
750/ 750/ 50	/ ₁
25% TE DUCTUD	(Repair)
Installation Requirements/Conditions Number of	Caucanahan 1
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Installation Requirements/Conditions Septic Tank Size / OOO gallons Exact leng	f trenches
Installation Requirements/Conditions Septic Tank Size / OO gallons Pump Tank Size gallons Trenches size gallons	f trenches feet Trench Spacing: Feet on Center hall be installed on contour at a Soil Cover: inches
Installation Requirements/Conditions Septic Tank Size / OOO gallons Pump Tank Size gallons Trenches so Maximum	th of each trench 120 feet Trench Spacing: Feet on Center hall be installed on contour at a Soil Cover: inches Trench Depth of: 28->18 inches (Maximum soil cover shall not exceed
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Installation Requirements/Conditions Number of Septic Tank Size / OO gallons Exact leng Pump Tank Size gallons Pump Tank Size gallons Trenches si Maximum (Trench bo in all direct fit. TDH vs. GPM Conditions: Metal Para + He Concrete or Concrete or Maximum Size GPM WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FR NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD	th of each trench 120 feet Trench Spacing: Feet on Center Soil Cover: inches Trench Depth of: 28-18 inches Of the first
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Installation Requirements/Conditions Number of Septic Tank Size / OO gallons Exact leng Pump Tank Size gallons Pump Tank Size gallons Trenches si Maximum (Trench bo in all direct of the Tank Size GPM Conditions: Methr Pape + He Concrete or Co	th of each trench 120 feet Trench Spacing: Feet on Center hall be installed on contour at a Trench Depth of: 28-18 inches (Maximum soil cover shall not exceed obttoms shall be level to +/-1/4" 36" above the trench bottom) ctions) Aggregate Depth: inches above pipe inches above pipe inches total coverable + Rack OM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. OAREA. From the type specified on the application. I accept the specifications of this permit. Date:
Installation Requirements/Conditions Septic Tank Size / OO gallons Exact leng Pump Tank Size gallons Fump Tank Size gallons Fump Requirements: ft. TDH vs. GPM Conditions: Metal Pape + He Concrete or WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FR NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD **If applicable: / understand the system type specified is different Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intention.	th of each trench 120 feet Trench Spacing: Feet on Center hall be installed on contour at a Soil Cover: inches Trench Depth of: 28-18 inches (Maximum soil cover shall not exceed abtoms shall be level to +/-1/4" 36" above the trench bottom) Ctions) Aggregate Depth: 2 inches above pipe inches above pipe inches total Coverate + Rock OM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. DAREA. Irom the type specified on the application. I accept the specifications of this permit. Date:
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Harnett County Department of Public Health Site Sketch

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ISSUED TO:	SEA		\underline{uc}	SUBDIVISION	NOLEA	Crest	LOT # _	28
			51 1	116	,			
Authorized State A	gent: Jan			mhons	Date: _	6-3-	15	



AlBAN ROW