## HTE# 15-5-35475 Harnett County Department of Public Health

28239

Improvement Permit

		A building permit c						010	
ISSUED TO: Chambas Le	A	1. 0-		ATION: 51703			rgia	<u>رس رو</u> # LOT	16
		entene	20RDIAIZION -	Leigh (			America Archenia	-	ν6
NEW ☑ REPAIR □	] EXPAN 565	ISION 🗆		Site improvemen	nts requi	ired prior to Cons	truction Authoriz	tation issuance:	
7/00 0. 01.000.00		~~~~ \							
Proposed Wastewater System Type Projected Daily Flow:		was							
· · · · · · · · · · · · · · · · · · ·		0							
Number of bedrooms:	Number of Uc	ccupants: 8	max						
Basement Yes No		equired based on fina	المام المسامية	unations of facilities					
Pump Required:   Yes   No			tance from well			Dorm	it valid for:	Five years	
Type of Water Supply:	unity 🖭 rubic	11cii Dis	tance nom wen		C.	i Cili	it valid ioi.	☐ No expirat	
remit conditions.								no expirate	
		4 .	0 -						
Authorized State Agent::		Manhon	Date:	3-1	0-1	5	SEE ATTA	ACHED SITE SKETCH	H
The issuance of this permit by the Health	Department in no way gu	uarantees the issuance of o							
site is subject to revocation if the site plan	n, plat, or the intended u	ise changes. The Improvem	ent Permit shall not be	e affected by a change	in owners	hip of the site. This p	ermit is subject to c	ompliance with the pr	rovisions of
the Laws and Rules for Sewage Treatment	and Disposal and to cond	itions of this permit							
		Cons	truction A	<u>uthorization</u>	n				
			Required for Buil	ding Permit)	_				
The construction and installation requireme	ents of Rules .1950, .1957				eferences in	nto this permit and sh	all be met. Systems	shall be installed in a	ccordance
with the attached system layout.						·	•		
100 TO CI O	<u></u>	0 1	DDODED.	TV LOCATION —	,,	// A B	·	0-1	
ISSUED TO: Charles &	1 sine	Oxedine	/ PRUPERI	TY LOCATION: 5	100	, 0,1,2,	Tresco	107 #	<u> </u>
< <b>~</b>		_/				some	<u>r</u>	LOI # _	<u> </u>
Facility Type:	75	Nev	_ '	nsion 🗀 R	Repair				
Basement?  Yes		Fixtures?   Yes	□ No						
Type of Wastewater System**	25% 76	soudon	Systa			(Initial) Wasi	tewater Flow: _	930	GPD
(See note below, if applicable [	□)		15-						
	25% 108	DULTUS	/PP/35	(Repair)					
Installation Requirements/Condi	tions	Number of tre	enches Z	·					
Septic Tank Size 1200	gallons	Exact length	of each trench _	150 f	feet	Trench Spacing:	7	Feet on Center	
Pump Tank Size		Trenches shall	be installed on	contour at a		Soil Cover:		nches	
Tump Tank Size	გ <sup>αποπ3</sup>		nch Depth of: 🚅		nches	·	il cover shall n		
			ms shall be level		irciics	•	the trench botto		
		,		10 17-174		JU ADOVE L	ne trench bott	Jiii)	
	( Thu	in all direction	ns)				6	to the character	I
Pump Requirements:	ft. IDH vs	GPM					. —	inches bel	low pipe
						Aggregate Dept	h:	inches at	ove pipe
Conditions:								/Z inc	hes total
WATER LINES (INCLUDING II	RRIGATION) MUS	T BE 10FT. FRON	ANY PART OF	SEPTIC SYSTEM	A OR R	EPAIR AREA.			
NO UTILITIES ALLOWED IN I	-								
**If applicable: / understand the	system type speci	fied is different fro	m the type speci	ified on the appli	ication.	I accept the spe	ecifications of t	his permit.	
Owner/Legal Representative Sign		Date:							
This Construction Authorization is subject to	o revocation if the site pl	an, plat, or the intended	use changes. The Const	ruction Authorization sh	hall not be	transferred when the			
Construction Authorization is subject to cor								ATTACHED SITE S	
		_	1						
Authorized State Agent:	eman S	Mani	lant		Date:	3-11	2-15		

Construction Authorization Expiration Date: \_\_\_

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 32 1705 OID FATGERONDE ROS

ISSUED TO: Charles & James Oxensleve SUBDIVISION DE JAMES LOT # 16

Authorized State Agent: Date: 3-10-15

