HTE#<u>15-5-358</u>4-

Harnett County Department of Public Health

28370

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	A building permit Co	DBUDEBLA IUI	th only an improvement ATION: <u>& 1420</u>	Today 1D	
ISSUED TO: Charles + Kathe	MASTER	SUBDIVISION	allow. Or Care	, , , , , , , , , , , , , , , , , , , ,	LOT # /
	(PANSION 🗆	300011131011 _	Site Improvements rec	uired prior to Construction Author	
Type of Structure:	II ANSION L		one improvements rec	arrea prior to construction nation	zation issuance.
Proposed Wastewater System Type: 272 200	275				
Projected Daily Flow: GPD	200				
	of Occupants:	max			W W
Basement Yes No	i occupants	IIIAA			
_	oe required based on final	l lacation and alou	ations of facilities		
				Domite walled form	Tiva wasa
	ublic 🗆 Well Dist	tance from Well 🗡	Teet Teet	Permit valid for:	Five years
Permit conditions:					☐ No expiration
Authorized State Agent: James	NAWH Ant	Date:	5-5-15	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no wi	ay guarantees the issuance of o				
site is subject to revocation if the site plan, plat, or the intend the Laws and Rules for Sewage Treatment and Disposal and to	ded use changes. The Improveme				
	Cons	truction Au	thorization		
		Required for Build			
The construction and installation requirements of Rules .1950, .	,	•	,	into this permit and shall be met. Systems	shall be installed in accordance
Material Control of the Control of t			, ,	·	
ISSUED TO: Charles + Karth. Facility Type: 5 FD	Moore	PROPERT	Y LOCATION: <u>52/</u> 4	170 THORPS	LOT #/
/	-/ :	20R01A121	UN		LUI #/
Facility Type:			sion 🗆 Repair		
Basement? Tes No Baseme	ent Fixtures? 🔲 Yes	□No			
Type of Wastewater System** 252 N	BINOUS	Systa		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)				,	
• • • • • • • • • • • • • • • • • • • •	LADUROZA	Suto	(Repair)		
Installation Requirements/Conditions	Number of tre		(nepan)		
4			ිට feet	Trench Spacing:	East on Contar
•	•	f each trench _	1000		
Pump Tank Size gallons	Trenches shall	be installed on o	contour at a		inches
	Maximum Tren	ch Depth of: \angle	o-) 18 inches	(Maximum soil cover shall r	iot exceed
	(Trench bottom	ns shall be level	to +/-1/4"	36" above the trench bott	om)
	in all direction	(2)			•
Pump Requirements:ft. TDH vs.		,		4	inches helow nine
rump requirements.	\			Aggregate Depth:	inches show nine
s ra				Aggregate Deptil.	10 inches above pipe
Conditions:					inches total
WATER LINES (INCLUDING IRRIGATION) N	IUST BE 10FT. FROM	ANY PART OF S	SEPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REF	AIR DRAIN FIELD AR	FA.			
**If applicable: I understand the system type sp	pecified is different fron	n the type specifi	ied on the application.	I accept the specifications of t	his permit.
Owner/Legal Representative Signature:				Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the sin	te plan, plat, or the intended u	se changes. The Constru	ction Authorization shall not b	pe transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to compliance with the pro					ATTACHED SITE SKETCH
-	,				
Authorized State Agent	\mathcal{E}^{\prime} \mathcal{M}_{a}	hat	- Note:	e - c - 15	
HULLIOTIZED STATE HEIR		i i i i i i i i i i i i i i i i i i i	vale.	5-5-75 ate: 5+8-20	
\mathcal{U}	Con	struction Author	rization Expiration D	ate: <u>5 +8 ~ 20</u>	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Se 1420 Total NS	LOT #/
Authorized State Agent: Date: 5-5-18-	
A dou's it	
10 well man 20	
DENT PACK	
or field (wooded)	
7 25%	Et T
Aren.	COAT
·	
- WOODED	