HTE# 15-5-36172

Harnett County Department of Public Health

28333

Improvement Permit

	A b	uilding permit canr		only an Improvem		e - Q -	
ISSUED TO: AZAMA	MADOOX			1101: HILLY OF		COVE RD	TOT # 3→HÞ
			_ 100011131011	•		to Construction Auth	
Type of Structure: 550 C	5 x75')			sice improvements	required prior	to construction has	ionzation issuance.
Proposed Wastewater System Type:	25% REDUC	INN SY	27Em				
Projected Daily Flow: 460	GPD	_					
Number of bedrooms:	Number of Occupar	1ts:	_max				
Basement □Yes No	·						
Pump Required: 🗆 Yes 🗡 No	☐ May be require	d based on final lo	ocation and eleva	tions of facilities 🗼			~
Type of Water Supply: Communit	y 🔀 Public [□ Well Distan	ice from well <u>1</u>	-OO feet		Permit valid for:	Five years
Permit conditions:							☐ No expiration
		242)00		<u> </u>	**		
Authorized State Agent:: The issuance of this permit by the Health Depa		BEH-		6/8/1	<u>خ</u>		ATTACHED SITE SKETCH
site is subject to revocation if the site plan, pla the Laws and Rules for Sewage Treatment and I	at, or the intended use char	nges. The Improvement					
		Constr	uction Au	thorization			
		(Rea	uired for Buildi	ng Permit)			
The construction and installation requirements o with the attached system layout.					•		
ISSUED TO: Runne	· M 2000	×	PROPERTY	LOCATION: H	ISTUON	GROVE	RD LOT # 3+4A
Facility Type: SEO UTS	メフラン	_ New 、				1205	LOI #
Basement? Yes No	Basement Eixtur	res? 🔲 Yes	X № _				
Type of Wastewater System**	25% R	EDVCTIC	17 D	SLEW	(Initial) Wastewater Flow	r: <u>480</u> GPD
(See note below, if applicable □)	25%	REDU	CTION	_(Repair)			
Installation Requirements/Conditions		Number of trench	^	-(···· F ····)			
		Exact length of e	•	<u>ල</u> feet	Trench Sn	oacing: 🧻	Feet on Center
		Trenches shall be			Soil Cover	r: 12-24	inches
		Maximum Trench				um soil cover shal	-
		(Trench bottoms			`	bove the trench be	
		•) '/-1/4	30 ai	DOVE THE TENCH DE	octoin)
Dumm Banuiyamanta 6		in all directions)					* 4. 1.1
Pump Requirements:f	t. IDH VS	GPM				. D. 41	inches below pipe
Conditions:					Aggregate	e Depth:	inches above pipe inches total
WATER LINES (INCLUDING IRRIC NO UTILITIES ALLOWED IN INITI				PTIC SYSTEM OI	R REPAIR AR	EA.	
**If applicable: / understand the syst				d on the applicati	on. I accept to	he specifications o	f this permit.
Owner/Legal Repr esentative Signatur	·e·					Date:	•
This Construction Authorization is subject to revo	cation if the site plan, plat	or the intended use c	hanges. The Construct	ion Authorization shall n	ot be transferred w	then there is a change in	ownership of the site. This
Construction Authorization is subject to compliant							E ATTACHED SITE SKETCH
		***	•		F ****		
Authorized State Agent:		26		Date		15	
		Constr	uction Authoria	zation Expiration	Date:	< 18 170	

Harnett County Department of Public Health Site Sketch

