HTE# 15-5-37277 Harnett County Department of Public Health

28651

Improvement Permit

A building perm	it cannot be issued wi	ith only an Improvement	Permit	
	PROPERTY LOC	ATION: Hwy 401	N	
ISSUED TO: J.C. Ashworth	SUBDIVISION	SHERMAN) PINES	LOT # 8
NEW 🗹 REPAIR 🗆 EXPANSION 🗆			quired prior to Construction Author	ization Issuance:
Type of Structure: SF3		3 8-21-01-01-01-01-01-01-01-01-01-01-01-01-01		
Proposed Wastewater System Type: 25% Roberton	2			
Projected Daily Flow: 480 GPD				
Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u>	max			
Basement 🗆 Yes 🖸 No				
Pump Required: 🗆 Yes 🗆 No 🖾 May be required based on	final location and elev	vations of facilities		
Type of Water Supply: 🗆 Community 🗂 Public 🔲 Well	Distance from well	feet	Permit valid for:	Five years
Permit conditions:	A.C			□ No expiration
E M	1 AD			
	Date:	11-10-15	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance	of other permits. The perm	it holder is responsible for ch	ecking 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	vement Permit shall not be	affected by a change in own	ership 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.				
	• •			
	nstruction Au	ithorization		
	(Required for Build	ding Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956,			into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.		1 1	1	
ISSUED TO TO DO 11				
ISSUED TO: J.C. Ashworth	PROPERT	Y LOCATION: Hay	N PENES	
SCI	SUBDIVISI	ION SHEIRMA	NIGNES	LOT #
Facility Type: SFD	New 🗆 Expan	ision 🗆 Repair		
Basement? 🗌 Yes 🗹 No 🛛 Basement Fixtures? 🗌 Ye	s 🖃 No			
Type of Wastewater System** _25% TODAUCOCO	N Syste	~	(Initial) Wastewater Flow:	420 GPD
(See note below, if applicable)				
25% Rossveria)	PPBS	(Repair)		
Installation Requirements/Conditions Number of	trenches 3	(p)		
Septic Tank Size <u>1200</u> gallons Exact lengt	h of each trench	100 feet	Trench Spacing:	Faat on Contor
	all be installed on o			inches
		24 inches	(Maximum soil cover shall r	
Contraction and the second sec	toms shall be level	to +/-1/4"	36" above the trench bott	:om)
in all direct	tions)			
Pump Requirements:ft. TDH vs GPM			- 4	inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions:				2 inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent: James & Manhonf Date: 19-10-15 Construction Authorization Expiration Date: 17-10-70

Permit # 28651 HTE# 15-5-37277 Harnett County Department of Public Health Site Sketch ISSUED TO: J. C. ASMADORICH SUBDIVISION SHERMAN PERES LOT # 8

Authorized State Agent:

S Marlant Date: 11-10-15-

0 B Ň 500 6 11 D 91 SHERMAN