HTE# 15-5-3764012

Harnett County Department of Public Health

28766

Improvement Permit

A building permit cannot	PROPERTY LOCATION: WIN COFO 07 DCL
	SUBDIVISION WALDUR GROVE LOT # 16
NEW REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO (52×40')	· · · · · · · · · · · · · · · · · · ·
Proposed Wastewater System Type: 25% REDUCTION System	>w
Projected Daily Flow: GPD GPD	
	max
Basement Yes No	2 11 2 11 TZ
Pump Required: Yes No May be required based on final loc Type of Water Supply: Community Public Well Distance	
Permit conditions:	No expiration
	· ·
Authorized State Agent::	Date: 3 10 16 SEE ATTACHED SITE SKETCH
8	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 Improvement Pothe Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Constru	uction Authorization
(Requ	uired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1 with the attached system layout.	1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: H+H ONSITE HOMES	
Facility Type: 550 (52×46) New	
	Expansion Repair
Basement? Yes No Basement Fixtures? Yes Type of Wastewater System**	K No
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	ON System (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable) Pump To 25% R	(Repair)
Installation Requirements/Conditions Number of trenche	(17)
	01 4
	Depth of: 18 36 inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	1.7.1.1
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions:	Aggregate Depth: inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN' NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
	he type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	nanges. 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 Sev	
Pail M	
Authorized State Agent:	Date: 3)0/16
	V
Constru	uction Authorization Expiration Date: 3/10 (2)

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: WINGEDFOOT Da	
ISSUED TO: HAR ONSITE HOMES	SUBDIVISION WAZNU GROVE	LOT # \ \ C
Authorized State Agent:	(DENECTONSSORD) Date: 3/10/14	
Authorized State Agent.	Date: 3)	All and the second seco

