## HTE# 17-5-41774 Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with			
ISSUED TO: JURNER MAHLA		TION: Hwy 4	21	
	SUBDIVISION _	,		LOT #
NEW ☐ REPAIR ☐ EXPANSIO	N 🖾	Site Improvements re-	quired prior to Construction Autho	rization Issuance:
Type of Structure: SF-3	0			
Proposed Wastewater System Type: 25% Roll	retue.			
Projected Daily Flow: 240 GPD	: 1	9 <u>-2-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-</u>		
Number of bedrooms: Number of Occup	pants:max			
Basement Yes No		8		
Pump Required: ☐Yes ☐ No ☐ May be requ	ired based on final location and eleva	itions of facilities		
Type of Water Supply:   Community   Public	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
S W	7 ATTICENT	3		
Authorized State Agent::	ANKANS Date:	7-31-17		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaranties is subject to a support of the Health Department in no way guaranties is subject to the Health Department in no way guaranties in the Health Department in no way guaranties is subject to the Health Department in no way guaranties in the Health Department in the Heal	itees the issuance of other permits. The permit	holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation of the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	nanges. The Improvement Permit shall not be	affected by a change in owner	ership of the site. This permit is subject to	compliance with the provisions of
the cars and hares for serage meannent and bisposal and to condition	s of this perint			
10.0				
	Construction Au	thorization		
	(Required for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .19			into this permit and shall be met Systems	shall be installed in accordance
with the attached system layout.				Juli De listaned in accordance
ISSUED TO: JURNER MATTHEW	PROPERTY	LOCATION: Hwy	1421	
CX				LOT #
Facility Type:	New Expans	ion 🗆 Repair		
Basement?  Yes  No Basement Fixt	ures? 🔲 Yes 🗹 No			
Type of Wastewater System** 250 No.	Justin SustE	_	(Initial) Wastewater Flow:	240 GPD
(See note below, if applicable	7		(milal) Wastewater How.	J. J
25% Red	11127	(Panair)		
Installation Requirements/Conditions	Name of Second 3	_(Repair)		
	Number of trenches 3	24	5	
Septic Tank Size gallons	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on co	ntour at a	Soil Cover:	nches
	Maximum Trench Depth of:	8 inches	(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level to		36" above the trench bott	
	in all directions)		30 above the trench bott	onij
Pump Requirements:ft. TDH vs			/	
Tulip Requirementsit. IDH 45	_ drn			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:	100 00 00 00 00 00 00 00 00 00 00 00 00		Aggregate Depth: 2	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT, FROM ANY PART OF SE	PTIC SYSTEM OR R	FPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	PAIN FIELD ADEA	or or or a	The state of the s	
**If applicable: I understand the system type specified	is different from the type specifie	d on the application.	I accept the specifications of t	his permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan. p	at, or the intended use changes. The Construct	ion Authorization shall not h	e transferred when there is a change in ou	unarchin of the cite. This
Owner/Legal Representative Signature:  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.  SEE ATTACHED SITE SKETCH				
	1			
Authorized State Agent: Date: 7-31-17  Construction Authorization Expiration Date: 7-31-72				
Take ngelit.	1 Innover	Date: _	7717	
	Construction Authori	varion Expiration Da	ate: /- V- / /.	

HTE# 17-5-4/774

Permit # \_\_ 29605

## Harnett County Department of Public Health Site Sketch

-1.10	PROPERTY LOCATON: Hwy 421	
ISSUED TO: TURNER MAHLEWS	SUBDIVISION	LOT #
Authorized State Agent: MA	Starf Date:	7-31-17

