HTE#08-5-19405

Harnett County Department of Public nealth 24539

Improvement Permit

A building permit car	nnot be issued with only an Improvement Permit PROPERTY LOCATION: BETHEL BARTIST RD	
ISSUED TO: BILL PANNHOFF	SUBDIVISION CAROL W WOOD LOT #	4
NEW REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: 620092 CATERING FACILITY	Sac militarian and reference beautiful and an arrangement and arrangement arra	
Proposed Wastewater System Type: Pume To Conversional		
Projected Daily Flans 370 CDD		
Number of bedrooms: Number of Occupants:	max	
Basement □Yes ⋈ No		
Pump Required: ™Xes □ No □ May be required based on final	location and elevations of facilities	
Type of Water Supply: Community Public Well Dista	ance from well 100 feet Permit valid for: A Five years	
Permit conditions:	□ No expira	tion
	·	
Alle 10		
	1 1	
Authorized State Agent:	Date: 3 3 08 SEE ATTACHED SITE SKETC	H
The issuance of this permit by the Health Department in no way guarantees the issu	ance of other permits. The permit holder is responsible for checking with appropriate governing bodies i	n meeting
	ended use changes. The Improvement Permit shall not be affected by a change in ownership of the site.	This
permit is subject to compliance with the provisions of the Laws and Rules for Sewage	e Treatment and Disposal and to conditions of this permit.	
Const	ruction Authorization	
	equired for Building Permit)	
	1956, 1957, 1958. and 1959 are incorporated by references into this permit and shall be met. System	s shall he
installed in accordance with the attached system layout.	1730, 1737, 1730. and 1737 are incorporated by references into this permit and shall be ince. System	is shall be
ISSUED TO: BILL RAMNINGEE	PROPERTY LOCATION: BETHEL BAPTIST RO	
	SUBDIVISION CAROL W WOOD LOT #	4
Facility Type: 620047 CATERING FAC. X New	Fynancian Renair	
Basement? Yes No Basement Fixtures? Yes	No.	
Type of Wastewater System** Pome To Convensions	(Initial) Wastewater Flow: 370 GPD	
(See note below, if applicable)		
	NAL (Repair)	
Installation Requirements/Conditions	4 TRENCHES	
	8	
Septic Tank Size 1000 gallons Exact length of	f each trench feet	
Pump Tank Size 1000 gallons Trenches shall	be installed on contour at a Soil Cover: inches	
и : т	ch Depth of: inches (Maximum soil cover shall not exceed	
GREADE 1246	as shall be level to +/-1/4" 36" above the trench bottom)	
1000 gallons (Trench bottom in all direction	and the state of t	
Pump Requirements:ft. TDH vs GPM		alow nine
Tulip Requirements	Aggregate Depth: 2 inches be	hove pipe
C F.		
Conditions:		ches total
**If applicable: I understand the system type specified is di	ifferent from the type specified on the application. I accept the specifications of this p	permit.
Owner/Legal Representative Signature:	Date:	
	intended use changes. The Construction Authorization shall not be transferred when there is a change in	ownership
	ons of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	,
	SEE ATTACHED SITE SKE	.TCH
Authorized State Agent:	S Date: 3/3/68	

Construction Authorization Expiration Date: 3 3 13

Harnett County Department of Public Health Site Sketch

ISSUED TO:BILL_ Authorized State Agent: _	PROPERTY LOCATON: BETHEL BAPTIST RO SUBDIVISION CAROL W WOOD LOT # 4 PAGENCET SUBDIVISION CAROL W WOOD LOT # 4
	PUMP TO CONVENTIONAL REPAIR REPAIR AREA BUILDING ENVELOPE EVIST. BUILDING PORXING
	BETHEL BAPTIOT RD