HTE# 08-5-20069

## Hamett County Department of Public nealth

24949

Improvement Permit

	10 PERTY LOCATION: Bud Hawkins Ro 52181
ISSUED TO: KIEZ SULZIVAN	to the control of the
NEW REPAIR EXPANSION Type of Structure:	Site Improvements required prior to Construction Authorization Issuance:
	sh.
Projected Daily Flow: 100 GPD	
Number of bedrooms: Number of Occupants: ma	X
` '	
Pump Required:   Yes   No   May be required based on final loca	
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance Permit conditions:	from well feet Permit valid for: Five years No expiration
1.40	
	1.1
Authorized State Agent::	Date: 8 15 07 SEE ATTACHED SITE SKETCH
	rmits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	mit 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 Treatment and Disposal and to conditions of this permit	
Construc	ction Authorization
(Requi	red for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .19	958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO: KIEX SULLIVAN	PROPERTY LOCATION: BUD HAWKINS RD
DOUGH IO: NIET DOCETARY	
. 1	SUBDIVISION LOT #
Facility Type: WAGEHOUSE X New	Expansion Repair
	Ś No
Type of Wastewater System** UNDASTIBLION COME	ENTONING (Initial) Wastewater Flow: 100 GPD
(See note below, if applicable □)	
FILL	(Repair)
Installation Requirements/Conditions Number of trenche	3
Septic Tank Size 1000 gallons Exact length of each	th trench feet
· · · · · · · · · · · · · · · · · · ·	nstalled on contour at a Soil Cover: C inches
	epth of: inches (Maximum soil cover shall not exceed
	all be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: STUE PEUMBING OUT AS SHAZION AS TO DRAINLINGS CANNOT BE MAINTAINE	Passigne It Proper Fall 12 inches total
TO DRAINLINES CANNOT BE MAINTAINE	ED A PUMP HILL BE NEEDED. 6" COVER NEEDED
OVER DEAINFIELD	
** If and in him I understand the custom time encilled in different from the	a time enseified on the application I accept the enseifications of this paymit
The applicable: I understand the system type specified is different from the	e type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	inges. 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:	15 Date: 8 15 08
Authorized State Agent:  Construction Authorization Expiration Date: 8 5 13  Construction Authorization Expiration Date: 8 5 13	
Construction Authorization Expiration Date: 61919	

## Harnett County Department of Public Health Site Sketch

