HTE# 08-5-21314

Harnett County Department of Public Health 24588

Improvement Permit

PROPERTY LOCATION: 210
ISSUED TO: J: may Johnson SUBDIVISION UST Interpret to Construction Authorization Issuance:
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
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Proposed Wastewater System Type: Pump to 25% Reduction System Projected Daily Flow: 381 GPD - Based on Consultants Number of bedrooms: Number of Occupants: 12 max
Projected Daily Flow: 381 GPD - Based on consultant
Number of bedrooms: Number of Occupants: 12 max
Basement Tyes TNo
Pump Required: ☑Yes □ No □ May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years
Permit conditions: No expiration
Authorized State Agent: Date: 1/14/2009 SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: 174/200 Y SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other 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 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 Treatment and Disposal and to conditions of this permit.
Construction Authorization
(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. 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: Jinny Johnson PROPERTY LOCATION: 210
Facility Type: Office Building Wastewater Flow: 381 GPD
Facility Type: Office Building Wew Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** Pompto 25% Reclusting (Initial) Wastewater Flow: 381 GPD
(See note below, if applicable 1) Por to 25% Reduction (Repair)
Installation Requirements/Conditions
Intermedial Programme Conditions
Septic Tank Size $\frac{1000}{1000}$ gallons Exact length of each trench $\frac{4}{100}$ feet Trench Spacing: $\frac{9}{1000}$ Feet on Center
Pump Tank Size /OOO gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)
iii ali directiolis)
Pump Requirements:ft. TDH vs GPMinches below pipe
Aggregate Depth: inches above pipe
Conditions: * Doth The Deptict 10 mp lanks are to be 1 moths (cotted inches total
Conditions: X Both the Septict Pump tanks are to be Traffic Rated inches above pipe inches total Drainling to be run on contour & NO DEEPER than 18 inches
**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:
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
Authorized State Agent: Date: 1/14/2014 Construction Authorization Expiration Date: 1/14/2014

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Permit # 24588

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:_	210		
ISSUED TO: Jimmy Johnson	SUBDIVISION			LOT #
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Authorized State Agent: Sugar Municipal	<i>î. S.</i>	Date:	1/14/2009	

* Contractor to meet onsite prior to installing system

*TANKplacement may change

