30000

HTE#____

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement

<u> </u>	OPERTY LOCATION: 50,1425 CR	
ISSUED TO: JOHN WANGELO	IBDIVISION Atteny Pond	
METAIN LES EXPANSION LI	Site Improvements required	DOT # _54 d prior to Construction Authorization Issuance:
Type of Structure:Exp SFD		. Prior to construction Authorization issuance:
Proposed Wastewater System Type: 25% Reduction		
Projected Daily Flow: 480 GPD		
Number of Decupants: Number of Occupants:		
Basement Yes No	_	
Pump Required: No May be required based on final lo	on and elevations of facilities	
Type of water supply: Community Public Well Distance	om well feet	Permit valid for: Five years
Permit conditions:		— No expiration
	27.12	— In expiration
Authorized State Agent:	IZENS .	
The issuance of this permit by the Health Department in no way questions the investment in the investment i	Date: 1-14-19	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	uts. The permit holder is responsible for checking w	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	c shall not be affected by a change in ownership o	f the site. This permit is subject to compliance with the provisions of
Constru	ion Authorization	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1 with the attached system layout.	for Building Permit)	
with the attached system layout.	and .1737 are incorporated by references into thi	s permit and shall be met. Systems shall be installed in accordance
ISSUED TO: 1 1 1 1 2 2 1 3		
ISSUED TO: John Wangeton	PROPERTY LOCATION: 5x423 (SUBDIVISION As eggy Po	Chalubeato RIS
E SC	SUBDIVISION Ascan Po	nd LOT # 54
Facility Type: New	Expansion Repair	201 11 39
	No	
Type of Wastewater System**	(1	initial) Wastawatar Flaur 1466 CDD
(See note below, if applicable □)	(1	Initial) Wastewater Flow: <u>V80</u> GPD
25% REDUCTION	(Rapair)	
Installation Requirements/Conditions Number of trenches	(Repair)	
C C C C C C C C C C C C C C C C C C C		
	rench teet Irench	ch Spacing: Feet on Center
		Cover: inches
riaximum irench D	n of: <u>ZO</u> inches (M.	aximum soil cover shall not exceed
	be level to +/-1/4" 3	6" above the trench bottom)
in all directions)		,
Pump Requirements:ft. TDH vs GPM		inches below pipe
Conditions: Bull TOUN VALVE	Aggre	egate Depth: 2 inches above pipe
conditions: DV/ IWN VALVE	beguined, "	
	/	inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY	DT OF CEDTIC CACLETY OF BEDAIN	ADEA
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	KI OF SEFFIC STSTEM OR KEPAIK	AKEA.
*If applicable: I understand the system type specified is different from the	e specified on the application. I acce	ent the specifications of this parmit
	, , , , , , , , , , , , , , , , , , , ,	the specimeations of this permit.
wner/Legal Representative Signature:		Date:
nis Construction Authorization is subject to revocation if the site plan, plat, or the intended use change	The Construction Authorization shall not be transfer	madh d
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewa	eatment and Disposal and to the conditions of this	s permit. SEE ATTACHED SITE SKETCH
2 . 1 1	A	TEL MINCHED SHE SKEICH
uthorized State Agent:		
Date		
Construction Authorization Expiration Date: 1-14-24		

Permit # _____36000

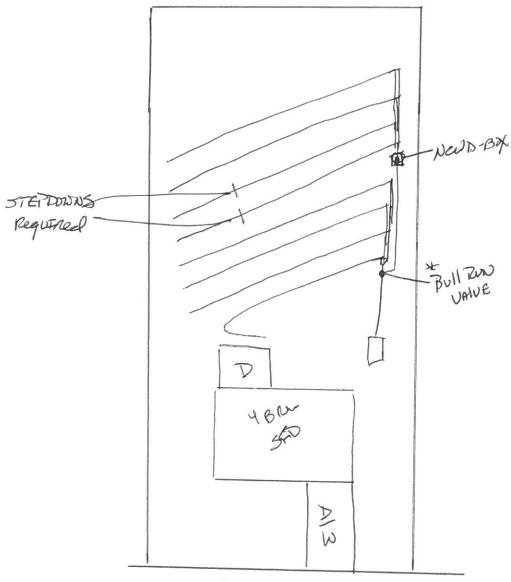
Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 201429 Chalabeate 1215

SUBDIVISION Avery Port LOT # 54

Authorized State Agent: Date: 1-14-19

+ Bull Pun VAIVE REQUIRED to Switch Between Systems + STEPDOWNS IN FIRST+SELVED Regard times Regulared.



Avery Powd D