Harnett County Department of Public Health

Improvement Permit

PROPERTY LOCATION: 239 Ashton Lave (>> 210 >>)	
ISSUED TO: Millard Roberts Currin Jr. SUBDIVISION PIAR CROST LOT # 4	
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:	_
Type of Structure: Ext. 3-Redroom STS	
Proposed Wastewater System Type: 12xt. Conventional	
Projected Daily Flow: 366 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes Mo	
Pump Required: Mes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well Mes feet Permit valid for: Five years	
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years Permit conditions: No expiration	
Territor Conditions.	
Authorized State Agent: Date: 12/20/200 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	
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: Millard Molecres Currin F. PROPERTY LOCATION: 229 Ashlon Lane (2000) SUBDIVISION PINECROSET LOT# 4	
Facility Type: Ext. 3 CM SFCS New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** Existing conventional Se. (Initial) Wastewater Flow: 300 GPD	
(See note below, if applicable)	
Ext. Conv. Repair (Repair)	
nstallation Requirements/Conditions Number of trenches Ext	
Septic Tank Size 1000 gallons (NEW) Exact length of each trench Ext feet Trench Spacing: Ext Feet on Center	
Pump Tank Sizegallons	
Maximum Trench Depth of:inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)	
in all directions)	
Pump Requirements:ft. TDH vsGPMExtinches below pipe	
Aggregate Depth: Ext inches above pipe	
Conditions: inches total	
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
*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: Date:	
his 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	-
onstruction 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.	-
AND THE COSTALL CONTROL COnstruction Authorization Expiration Date: 12/20/2024	
ANSTERS COOKING Construction Authorization Expiration Date: 12/20/2024	

Harnett County Department of Public Health Site Sketch

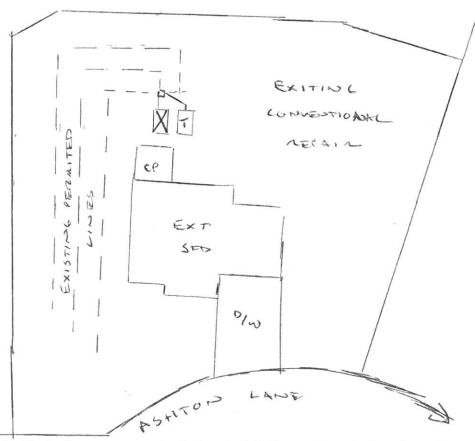
Property Location: 229 AShton Lane		
Issued To: Millerd Corrin Jr. Sub	odivision Pinecolt	Lot #
Authorized State Agent:	Date:	12/20/2019

* EXISTING TANK SHALL BE PUMPED, CRUSHED,
AND BACKFILLED ONSITE

*O-BOX REPLACEMENT MAY BE REQUIRED OUF TO AGE

* SEPTIC LIMES DISED ON 4-22-96 OPERATIONAL PERMIT #8322

* TOP OF TANK PRESENT W/ LARGE CRACKS



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.