Harnett County Department of Public Health

Improvement Permit

A but	ding permit cannot be issued with only an Improvement Permit	1000/601807	
ISSUED TO: NONIE & SUZANDE W	PROPERTY LOCATION: 1817 JONIES SUBDIVISION		
NEW REPAIR EXPANSION	Gite Improvements required prior	to Construction Authorization Issuance:	
Type of Structure: Ext 3-6=01001		to construction authorization issuance.	
Proposed Wastewater System Type: 25% 1200	710N SYS.		
Projected Daily Flow: 360 GPD	•		
Number of bedrooms: 3 Number of Occupants	: So max		
Basement 🔲 Yes 🔀 No			
	based on final location and elevations of facilities	_	
Type of Water Supply: 🔲 Community 🛮 Public 🗵	Well Distance from well 504 feet	Permit valid for: Five years	
Permit conditions:		No expiration	
	19 19 19 19 19	CEE ATTACHED CITE CHETCH	
Authorized State Agent:: Caladam Date: 08/27/200 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			
	T		
	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 perm	it and shall be met. Systems shall be installed in accordance	
with the attached system layout.		7	
		160 18-7	
ISSUED TO: PLONSIES SOCIOSE	PROPERTY LOCATION: 1817 Jan 3	es (3010 (5° (884)	
EXT	SUBDIVISION	LUI #	
Facility Type: EXT 302 STO			
Basement? Yes No Basement Fixture:	? Yes No	360	
Type of Wastewater System**	APPLICAGE (Initia	I) Wastewater Flow: GPD	
(See note below, if applicable ()			
	(Repair)		
	umber of trenches	57*	
Septic Tank Size 1000 gallons E		pacing: Feet on Center	
	AND STATES	r: 12inches	
M	aximum Trench Depth of: 24inches (Maxim	um soil cover shall not exceed	
T)	rench bottoms shall be level to +/-1/4" 36" a	bove the trench bottom)	
in	all directions)		
Pump Requirements:ft. TDH vsG	PM	inches below pipe	
	Aggregat	e Depth: inches above pipe	
Conditions: PUMP TO D-BOX E	GUAL DISTRIBUTION	inches total	
WATER LINES (INCLUDING IRRIGATION) MILST RE 1	OFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AR	FΛ	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA		ich.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IN 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:	
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 per	mit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: C8/27/2020			
A	Construction Authorization Expiration Date:		

Harnett County Department of Public Health Site Sketch

Property Location: 1817 JONESBORD ROAD (SC 1807)	
Issued To: 16 NOVIE & SUZANNE WOOD Subdivision	Lot #
Authorized State Agent:	Date: <u>CE/21/2020</u>

