HTE# REPAIR

Ha tt County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

		PROPERTY LOCA	TION:		
ISSUED TO:		SUBDIVISION _			
	SION 🗆		Site Improvements	required prior to Construction Autho	rization Issuance:
Type of Structure:			-		
Proposed Wastewater System Type: GPD					
Number of bedrooms: Number of Occ	nante.				
Basement Yes No	upants.	max			
Pump Required: □Yes □ No □ May be rec	nuired based on	final location and aleva	tions of facilities		
Type of Water Supply: Community Public Permit conditions:	☐ Well	Distance from well	feet	Permit valid for:	☐ Five years ☐ No expiration
Authorized Cases A					
Authorized State Agent:: The issuance of this permit by the Health Department is no year or	mantan the investor	Date:		SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditi	changes. The Impri	ovement Permit shall not be a	holder is responsible for c iffected by a change in ow	hecking with appropriate governing bodies in nership of the site. This permit is subject to	meeting their requirements. This compliance with the provisions of
	Co	nstruction Au	thorization		
		(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956	, .1957, .1958. and .1959 are	incorporated by reference	s into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: HAROLD BUTTS		PROPERTY	LOCATION: 190	HAROLD DE	
		CIIRDIVICIO	N VON	VILLAGE MHP	107 # >==
Facility Type: Ext. MH		New T Fynansi	on Repair	ALLE I MI	LOI # _IS
	xtures? \(\sigma\) Ye	es 🗆 No	on Z Nepair		
Type of Wastewater System**	ctures			(Initial) Wassesses Florida	3(7)
(Con mate 1-1- '/ 1' 11 □)				(Initial) Wastewater Flow:	360 GPD
25%.	LEDUCE	ON SYSTEM	VPanair)		
nstallation Requirements/Conditions	Number of	trenches 1	(nepair)		
eptic Tank Size Ex 13510 6 gallons		h of each trench		Trench Spacing: 9	
Pump Tank Size gallons		all be installed on co		rench spacing:	
ganons				5-6.17/11/5-20/5/11/11/5-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1	nches
		rench Depth of: \2		(Maximum soil cover shall n	
		toms shall be level to	+/-1/4"	36" above the trench botto	om)
ump Requirements: 6 TDU	in all direct	tions)			
ump Requirements:ft. TDH vs	_ GPM				inches below pipe
anditions:				Aggregate Depth:	inches above pipe
onditions:					inches total
ATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FRO	M ANY PART OF SE	PTIC SYSTEM OR	REPAIR AREA.	
O UTILITIES ALLOWED IN INITIAL OR REPAIR I	RAIN FIELD	AREA.			
*If applicable: I understand the system type specified	d is different for	from the type specified	on the application	. I accept the specifications of ti	his permit.
w 1912					
wner/Legal Representative Signature:	nlat or the intende	d use changes. The Construction	on Authorization shall act	Date:	
instruction Authorization is subject to compliance with the provisions of	f the Laws and Rul	es for Sewage Treatment and	Disnosal and to the condit	one of this permit.	
		seriage requirem and	oraposar and to the conditi	ons or this permit. SEE A	TTACHED SITE SKETCH
uthorized State Agent:	LEH)	onstruction Authoriz	Date:	3/29/19	
	V	onstruction Authoriz	ation Expiration D	ate: 3/29/23	
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HTE#	REPAIR	

Permit # 30022

Harnett County Department of Public Health Site Sketch

ISSUED TO:	HANDENO LE Agent:	BUTIS	,	LOCATON: 180 DIVISION TAYLO			LOT #\.
		NA B Q	(S. J. R. J. R. S.)	OLD SYS TOM ARGA	15 15		
						04 4 78	

HARLOLD DRIVE