29372

HTE#	

Harnett County Department of Public Health Improvement Permit

1.1.	A building permit cannot be issued wit	h only an Improvement	8 Mabry R/	\
ISSUED TO: WAHER FINIER	SUBDIVISION _	11011.27 (722	0 , ch reg 121,	LOT #
NEW ☐ REPAIR ☑ EXPAN	SION 🗆	Site Improvements re-	quired prior to Construction Author	
Type of Structure: EX SFD	A			
Proposed Wastewater System Type: 2500 12	del			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of October Number of	cupants:max			
	quired based on final location and eleva	tions of facilities		70 1
Type of Water Supply: Community Public	Well Distance from well	foot	Permit valid for:	SOLAY 5
Permit conditions:		icet	refillit vally for.	☐ No expiration
				_ no expiration
The state of the s	Anhorit Date:	11 :0		
Authorized State Agents	Awhard Date: _	4-12	_/ SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gu site is subject to revocation if the site plan, plat, or the intended u	arantees the issuance of other permits. The permit changes. The Improvement Permit shall not be	holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to cond	tions of this permit.	meeted by a change in owner	ramp of the are. This permit is subject to	compliance with the provisions of
	Construction Aut	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952	.1954, .1955, .1956, .1957, .1958. and .1959 an	e incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
Facility Type: Fx S No Basement F	PROPERTY	LOCATION SYLIS	538 Making 18	21
	SUBDIVISIO	N	- Chorage	LOT #
Facility Type: Fix SFI>	✓ New ☐ Expans	ion Renair	7	101 #
Basement? Yes No Basement F	ixtures? Yes No	on CE Repair		
Type of Wastewater System**			(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [])			(milal) Wastewater Flow.	J div
Pont	Number of trenches 2	(Repair)		
Installation Requirements/Conditions	Number of trenches Z_	-(1 /	9	
Septic Tank Size EY gallons	Exact length of each trench	TO feet	Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on co			nches
	Maximum Trench Depth of:	▶ 18 inches	(Maximum soil cover shall n	
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench botto	
	in all directions)		/	,
Pump Requirements:ft. TDH vs	GPM		کِ	inches below pipe
			Aggregate Depth: Z	inches above pipe
Conditions:				/ Z inches total
NATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT, FROM ANY PART OF SE	PTIC SYSTEM OR R	ΕΡΔΙΚ ΔΚΕΔ	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.			
**If applicable: / understand the system type specific	ad is different from the time and it.	1 1 1' 1'	1	
**If applicable: I understand the system type specifi	ed is different from the type specified	on the application.	I accept the specifications of ti	his permit.
Owner/Legal Representative Signature:			Dates	
This Construction Authorization is subject to revocation if the site plan	plat or the intended use changes. The Construct	ion Authorization shall not h	Date:	months of the six This
construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sewage Treatment and	Disposal and to the condition	ons of this permit. SFF /	ATTACHED SITE SKETCH
	1 . 2 . 1	1 - 110	WS	
Authorized State Agent:	S Manne of	Date:	4-12-17	
	Construction Authoris	Note and the	ate: 4-12-2	7
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HTE#	Permit # 29372
Harnett County Depa	rtment of Public Health
	Sketch
ISSUED TO: Walter FINLEY SUBDIVI Authorized State Agent: Ama E Malos	CATON: 30/538 Matony RD
Ashard State Of the State of th	Faith 4-12-17
Authorized State Agent:	Date:
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