HTE# Repair

Harnett County Department of Public Health

28724

Improvement Permit

00 (PROPERTY LOC	1710H 2016 1	. /	
ISSUED TO: Michael B. Will	SUBDIVISION _	Thady Con	ro MHP	LOT #
NEW □ REPAIR ☑ EXPAI	NOIN	Site Improvements requi	red prior to Construction Auth	
Type of Structure: Existing MH Proposed Wastewater System Type: Existing		and improvements requi	rea prior to construction Auti	iorization issuance.
Proposed Wastewater System Type: Existing	i ș			
Projected Daily Flow: GPD				
Number of bedrooms: Number of 0	ccupants: 6 max			
Basement 🗆 Yes 🖾 No				
Pump Required: ☐Yes ☐ No ☐ May be r	equired based on final location and elev	rations of facilities		60 days
Type of Water Supply: Community Public	☐ Well Distance from well _	feet	Permit valid for:	☐ Five years
Permit conditions:				□ No expiration
	/			
Authorized State Agent::	wain REHS Date:	3/7/2016		
The issuance of this permit by the Health Department in no way go		it holder is responsible for shocking	SEE A	TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended of the Laws and Rules for Sewage Treatment and Disposal and to cond	ise changes. The Improvement Permit shall not be	affected by a change in ownershi	ip of the site. This permit is subject	to compliance with the provisions of
	Construction Au	ıthorization		
_	(Required for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952 with the attached system layout.	, .1954, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references into	this permit and shall be met. Syste	ms shall be installed in accordance
			0	
ISSUED TO: Michael B. Wil	(in PROPERTY	LOCATION: 245	Palamino Ln	
	SIZIVIDANZ	ON Shady	-rove MHP	IOT #
Facility Type:	New Expans	sion Repair	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOT #
_ ' '	Fixtures? Yes No	лоп 🗀 перип		
Type of Wastewater System**			(Initial) Wastewater Flow	. 360 cm
(See note below, if applicable			_ (IIIIIai) Wastewater Flow	: GPD
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Rapair)		
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size /000 gallons	Exact length of each trench	feet T	wand Cassins	F
Pump Tank Size gallons	Trenches shall be installed on co	ontour of a	rench Spacing:	
ganons			oil Cover:	
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level t	0 +/-1/4"	36" above the trench bo	ttom)
Purps Beautinements 6 TDU	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
	- 10/5 ./ /:	A	ggregate Depth:	inches above pipe
Londitions: Det 11ew tank 10	existing plums.	- trom MH	<u>+</u> _	inches total
Conditions: Set new tank so existing drain field car	be connected			
VATER LINES (INCLUDING IRRIGATION) MUS TO UTILITIES ALLOWED IN INITIAL OR REPAIR	F BE 10FT. FROM ANY PART OF SI Drain field area.	EPTIC SYSTEM OR REP	AIR AREA.	
**If applicable: / understand the system type specifi		ed on the application. I	accept the specifications of	this permit
	,, ,	11		uno perme
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the site plan	n, plat, or the intended use changes. The Construc	tion Authorization shall not be tra	ansferred 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		ATTACHED SITE SKETCH
			1 1	THE STATE OF THE S
Authorized State Agent: Sugar / 19	wain LEHS	Date: 🧷	3/7/2016	
06/	Construction Authori		, ,	
	CONSTRUCTION AUTHOR	zation Expiration Date:	1/1016	

HTE#	R	V	منح
HTE#	K	2	air

Permit # <u>28724</u>

Harnett County Department of Public Health Site Sketch

ISSUED TO: Michael B. William	PROPERTY LOCATON: 245 Palanizo ha SUBDIVISION Shady Grave MHP	IOT #
Authorized State Agent: Duyan Novain,		

