Harnett County Department of Public Health

25959

| | Improvement Permit |
|--|--|
| | A building permit cannot be issued with only an Improvement Permit |
| | 1/ 1/21 0 0 |
| ISSUED TO: Billie Jawyer | PROPERTY LOCATION: May 921 9385 SUBDIVISION LOT # |
| NEW REPAIR . EXPANS | 10N Site Improvements required prior to Construction Authorization Issuence: |
| Type of Structure: Existing Hom | C constitution institution issuance. |
| Type of Structure: Existing Hom. Proposed Wastewater System Type: Convent | ional |
| Projected Daily Flow: _ 360 GPD | |
| | upants: 6 max |
| Basement Yes No | |
| Pump Required: ☐Yes ☐ No ☐ May be req | quired based on final location and elevations of facilities |
| | _ |
| Permit conditions: | |
| | ───────────────────────────────────── |
| 2 1 | |
| Authorized State Agent: Lun Maria | Date: 3/20/20/0 SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way and | Date: 3/20/20/d SEE ATTACHED SITE SKETCH |
| site is subject to revocation if the site plan plat or the intended use | rantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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 conditi | ons of this permit. |
| | |
| | Control Addition |
| | 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. | parties and parties are specific accordance in accordance |
| ISSUED TO: Billie Sawyer | 0.55-1/1.5 |
| BSUED 10: Dillie Dawyer | PROPERTY LOCATION: 9585 Hwy 4215. |
| | CHIDDINICION |
| Facility Type: Existing Home Basement? Yes No Basement Fi | □ New □ Expansion □ Repair |
| Basement? Yes No Basement Fir | xtures? Yes No |
| Type of Wastewater System** | 26. |
| (See note below, if applicable | (Initial) Wastewater Flow: GPD |
| Convert | 60-8 |
| | Number of trenches |
| Installation Requirements/Conditions | Number of trenches |
| Septic Tank Size / OOO gallons | Exact length of each trench 123 feet Trench Spacing: 9 Feet on Center |
| Pump Tank Size gallons | Trenches shall be installed on contour at a Soil Cover: 12 inches |
| | Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed |
| | |
| | (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| | in all directions) |
| Pump Requirements:ft. TDH vs | GPM inches below pipe |
| 2 | Aggregate Depth: 2 inches above pipe inches total |
| Conditions: Rundrantiner on co | intor, + I ANK to be pumped out + crushed 12 inches total |
| New tank to be 75 ft. to | ron existing well |
| | |
| *If and inches I was down to a distance of the second seco | |
| ii applicable: I understand the system type specified | d 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 | of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH |
| | |
| uthorized State Access | 1. 05110 |
| uthorized State Agent: | Date: 3/30/2010 |
| | Construction Authorization Expiration Date: 3/30/24/5 |
| | Construction Authorization Expiration Date: 1007 2073 |

| HTE# | Ke | pair |
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Permit # 25959

LOT # _

Harnett County Department of Public Health Site Sketch

| ISSUED TO: Billie Jawy | PROPERTY LOCATON: 95 FS | - 4 |
|-------------------------|-------------------------|------------|
| Authorized State Agent: | Mc Sua, REHS | Date |
| | wood line | |
| | Te. | |
| | B A R N | Cedar Tree |
| | Shed 1-New 1-New 1-01d | در AK |
| | Source House | |
| | Huy 421 | |