29201

HTE#	Harnett County Department of Public Health
	Improvement Permit
	A building permit cannot be issued with only an Improvement Permit

instruction of the contract of
A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: 423 Farsar Quing Rd.
ISSUED TO:
NEW REPAIR' EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Dw mobile Home
Proposed Wastewater System Type: System & wwel
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 5 max
Basement DYes PNo
Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well Five years
Permit conditions: Replace Exist! Taik with New tark and run - No expiration
solid like to other existing Tank sytten
Authorized State Agent:: 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 this permit.
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.
ISSUED TO: Tammy M. Yashangh PROPERTY LOCATION: 423 Farsal Barry Rh
SUBDIVISION MA. E.1/6 Legan, LOT # -
Facility Type: DW Work to How New Expansion Repair Tark Order Solid Vision
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** GPD (Initial) Wastewater Flow: GPD
(See note below, if applicable \square)
Installation Requirements/Conditions Number of trenches
4 //
Pump Tank Size gallons
Maximum Trench Depth of: inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements:
Pump Requirements: WAt. TDH vs. NA GPM inches below pipe inches above pipe above pipe inches above pipe inches above pipe inches total
Conditions: MaiMan 50 farm Old Well 19 199 inches total
<u> </u>
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN 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 permit.
NO 11 Pa OPEHS. 07/4/11

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 423 Farran Dains Rd Lilke SUBDIVISION NA LOT # ____ ISSUED TO: Jammy M. Yar brough Bul R.E.H.S. Date: 07/01/16 Authorized State Agent: woods * Owner must resort Plunky into Newtonk. Fursas Baing to Darried O'recle Shed outrool

Permit # 29201

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