HTE#12-5-29369

## Harnett County Department of Public Health

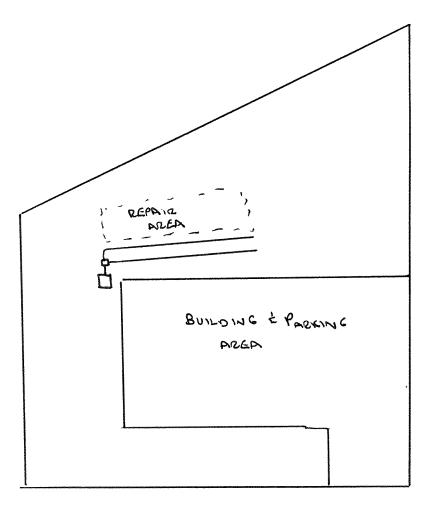
## Improvement Permit

27078

GREGORY INC	A building permit cannot be issued wit	h only an Improvement TION: りつい	Permit	
ISSUED TO: CAROLINA SIGNS & SERV		TEO HONE	YCAPT	LOT # 2
NEW REPAIR □ , EXPANSI			quired prior to Construction Auth	
Type of Structure: SIGN SHOP (7500)	**)	sice improvements rec	junea prior to construction Auth	onzacion issuance.
	DUESION SYSTEM			, , , , , , , , , , , , , , , , , , ,
Projected Daily Flow: QCO GPD				
Number of bedrooms: Number of Occu	ipants: 🙎 max			
Basement  Yes  No				
	uired based on final location and eleva	tions of facilities		
Type of Water Supply:  Community Public Permit conditions:			Permit valid for:	Five years  No expiration
Authorized State Agentu	QGNS Date:	212010	CFT A'	TTACUED CITE CVETCH
Authorized State Agent::  The issuance of this permit by the Health Department in no way guars 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 condition	antees the issuance of other permits. The permit changes. The Improvement Permit shall not be	holder is responsible for che affected by a change in owne	cking with appropriate governing bodies	TTACHED SITE SKETCH in meeting their requirements. This to compliance with the provisions of
	Construction Au (Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. System	ns shall be installed in accordance
ISSUED TO: CARDLINA SIENS ? =			2310	
	<b>~</b> /		neyeut	LOT # _ <del>_&gt;</del>
Facility Type: Sign Shace	🔀 New 🔲 Expans	ion 🗆 Repair		
Basement? 🗌 Yes 🛣 No 🛮 Basement Fix	ktures? 🗆 Yes 💢 No			
Type of Wastewater System** <u>ユミツ。ヤ</u>	GOUCKION BYSTE	in.	(Initial) Wastewater Flow	: <u>200</u> GPD
(See note below, if applicable $\square$ )			,	
~ 25% P	LEDUCTION SYSTEM	(Repair)		
Installation Requirements/Conditions	Number of trenches 2	—(·····)		
Septic Tank Size 1000 gallons	Exact length of each trench	70 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	•	Soil Cover: 6-72	inches
ganons	Maximum Trench Depth of:			-
			(Maximum soil cover shall	
	(Trench bottoms shall be level to	0 +/-1/4	36" above the trench bo	rttom)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
NATER LINES (INCLUDING IRRIGATION) MUST	RE INFT FROM ANY PART OF S	FPTIC SYSTEM OR F	SEDVIB VBEV	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I		LI IIC JIJILM OK I	ILI AIN ANLA.	
AO OHILIHES ALLOWED IN HAHIAL OK KETAIK I	JRAIN FIELD AREA.			
**If applicable: I understand the system type specifie	d is different from the type specifie	ed on the application.	I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation the site plan,				•
Construction Authorization is society to compliance with the provisional	of the Laws and Rules for Sewage Treatment and	d Disposal and to the conditi	ons of this permit. SEI	E ATTACHED SITE SKETCH
			1 1	
Authorized State Agent:	1 CEHS	Date:	7 25/12 1	
	Construction Authori			<u>—</u>

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## Harnett County Department of Public Health Site Sketch



NC210