HTE# 04-5-9985RR

## Harnest County Department of Public scalth 23286

**Improvement Permit** 

A building permit o	annot be issued w	ith only an Improvement	nt Permit 20 (3&1117) - WATI	VAW SOE
ISSUED TO: DELOGES A. NIES		TAYLORS T		LOT # 203
NEW.   REPAIR □ EXPANSION □	300011131014		required prior to Construction Aut	
Type of Structure: MANUFACTURED HOME (14'x60')		site improvements i	cquires prior to constitution rise	
Proposed Wastewater System Type: CONVENTIONAL				
Projected Daily Flow: 240 GPD				
Number of bedrooms: 3 Number of Occupants: 4	max			
Basement □Yes ⋈ No				
Pump Required: □Yes □ No ➤ May be required based on fina				
Type of Water Supply:  Community  Public  Well Dis Permit conditions:	tance from well	loo feet	Permit valid for:	Five years  No expiration
		· 1		
Authorized State Agent:	Date:	11/20/06		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is: their requirements. This site is subject to revocation if the site plan, plat, or the in permit is subject to compliance with the provisions of the Laws and Rules for Sewa	ntended use changes.	. The Improvement Permit	shall not be affected by a change in	
Cons	truction A	uthorization		
	Required for Bui			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955,	1956, .1957, .195	8. and .1959 are incorpor	rated by references into this permit a	nd shall be met. Systems shall be
installed in accordance with the attached system layout.	DRADER	TV LOCATION NO	1500 Ro (50) -	Waren Way
ISSUED TO: DELORES A. NIERZ	_ PKOPEK	IT LUCATION: 1000	TRAIL	WATER TORY
The Man (Wind) An	ZORDIAL			[0] # 203
Facility Type: MANUTENCTODED HOME (14 160) Ne		ansion	ir	
Basement? ☐ Yes 🔀 No Basement Fixtures? ☐ Yes			2/0	
Type of Wastewater System** Conventional	(Initial)	Wastewater Flow:	360 GPD	
(See note below, if applicable □)				
Pume To Convens	JAHOI	(Repair)		
Installation Requirements/Conditions				
	-	RENCHES		near at the time
	of each trench _			
Pump Tank Size gallons Trenches shall	l be installed on		Soil Cover:	
	ench Depth of: _	18 inche	s (Maximum soil cover sha	all not exceed
(Trench botto	ms shall be leve	l to +/-1/4"	36" above the trench	bottom)
in all direction	ons)			
Pump Requirements:ft. TDH vs GPM			_ 6	inches below pipe
Conditions:			Aggregate Depth:	inches below pipe inches above pipe
**!6 5-14-	different from the		he application I the	seifestions of this securit
**If applicable: I understand the system type specified is	anterent from th	e type specified on t	пе аррисаціоп. І ассерт тве зр	ecilications of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the	e intended use chan	ges. The Construction Auth	norization shall not be transferred wh	en there is a change in ownership
of the site. This Construction Authorization is subject to compliance with the provis	sions of the Laws an	d Rules for Sewage Treatm	nent and Disposal and to the condition	ons of this permit.
Authorized State Agent:	TOLKSDOR	Date	e: 11/20/06	

## Harnett County Department of Public Health Site Sketch



