HTE# 06.500 14314 R Harnest County Department of Public Health 24296

Improvement Permit

A building permit cannot be issued with only an Improvement Permit. PROPERTY LOCATION: NO 24 NO 87 (W.) So Plants Property Location (W.) No 24 No 87 (W.) No Plants Property Location (W.) No Plants	_				
SCHED TO: Charles White SUBDIVISIONLOT #	_				
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:					
Type of Structure: MH 32 XXV 337	-				
Proposed Wastewater System Type: To To					
Projected Daily Flow: GPD	_				
Basement Yes No	_				
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 100 feet Permit valid for: Five years					
Permit conditions: Meet 1011te for Final Layur Mondan All Set Both 1 No expiration					
Authorized State Agent:: Date:	ng				
	_				
Construction Authorization					
(Required for Building Permit)	he				
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 installed in accordance with the attached system layout.	UC				
installed in accordance with the attached system layout. ISSUED TO: PROPERTY LOCATION: NC24 NC 87 (UI) on Rc()	_				
SUBDIVISIONLOT #					
Facility Type: MH 22 x 85 JD New Expansion Repair					
Basement? \(\text{Yes} \) Yes \(\text{No} \) Basement Fixtures? \(\text{Yes} \) Yes					
Type of Wastewater System**					
(See note below, if applicable					
(Repair)					
Installation Requirements/Conditions					
Septic Tank Size gallons					
Pump Tank Size \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Maximum Trench Depth of: 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 p					
Aggregate Depth: inches above					
Conditions: inches t	otal				
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit	t.				
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. SEE ATTACHED SITE SKETCH					
1 1 1/1/1					
Authorized State Agent: Construction Authorization Expiration Date: 08 3 1 2012					

HTE# 06.500 14314R

Permit # 24296

Harnett County Department of Public Health Site Sketch

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