HTE# REDAIZ

Harnett County Department of Public Health

28610

Improvement Permit

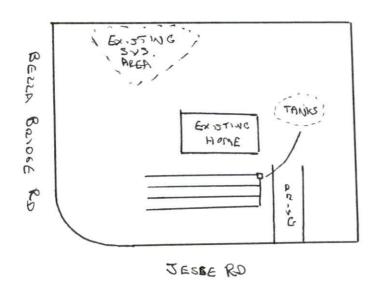
	building permit cannot be issued with only an Improvement Permit	
ISSUED TO: ARTURO PENALOZ	PROPERTY LOCATION: 2186 SESSE RD SUBDIVISION	LOT #
NEW □ REPAIR ★ EXPANSIO	ON Site Improvements required prior to Construction Authoriza	
Type of Structure: Exposize Man. 1 Proposed Wastewater System Type: 25% RES	Home	
Proposed Wastewater System Type: 25% RES	DUCTION SYSTEM	
Projected Daily Flow: 360 GPD		
	pants: max	
Basement Yes		
Pump Required: Yes No May be required: Type of Water Supply: Community Public Permit conditions:	uired based on final location and elevations of facilities ☐ Well Distance from well\ \ ○ ○ feet Permit valid for:	Five years No expiration
19 11		
Authorized State Agent::	RETTS Date: 11/18/15 SEE ATTAC	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	intees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in m changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to co	neeting their requirements. This
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems sh	nall be installed in accordance
ISSUED TO: PREVIOLO PENALO	2A PROPERTY LOCATION: 2186 JESSE ROS	
F ~ 11	SUBDIVISION	LOT #
Facility Type: LXIST. 11AN Hom	⊆ □ New □ Expansion 🔀 Repair	
Basement? Yes No Basement Fix	tures? 🗆 Yes 🖎 No	
Type of Wastewater System**	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □) 25%. €	CEDUCTION SYS. (Repair)	
Installation Requirements/Conditions	Number of trenches \(\text{\tin}\text{\tince{\text{\text{\text{\text{\tinit}\tint{\texi}\tint{\text{\text{\texict{\text{\texi}\tint{\text{\texitile}}\tint{\text{\text{\texi{\texit{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi	
Septic Tank Size Existin 6 gallons	Exact length of each trench 60 feet Trench Spacing: 9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 6-8 inc	ches
Family Family Size gamons	Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall no	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	
	in all directions)	"",
Pump Requirements:ft. TDH vs		inches below pipe
rump requirements.	Aggregate Depth:	inches above pipe
Conditions: USE VALVE TO AL	LOW NOTIAL SYSTEM TO BE DO, NOT DELICE OR PARCH ON SYSTEM	inches total
WATER LINES (INCLUDING IRRIGATION) MUST NO UTILITIES ALLOWED IN INITIAL OR REPAIR I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. DRAIN FIELD AREA.	
**If applicable: / understand the system type specifies	d is different from the type specified on the application. I accept the specifications of the	is nermit
	is amoreme from the type specimes on the appreciation. I accept the specimeations of the	o permit
Owner/Legal Representative Signature:	Date:	
	plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in own of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	TTACHED SITE SKETCH
M. M.		
Authorized State Agent:	Date: 11)18 K	_
	Construction Authorization Expiration Date: 11/18/20	_

	•	
HTE#	REPAIR	
HIL#	CHAIL	

Permit # _ 2.861 O

Harnett County Department of Public Health Site Sketch

ISSUED TO: ARTURO PENALOZA	PROPERTY LOCATON: 2186	JESSE	Es .	,
DIVED 10: HOMEO LEMALOZA	SUBDIVISION		LO	DT #
Authorized State Agent:	(OLIVER TOLKSDOR)	Date: 1) f		



CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION