

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

#1

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 08-50019451 Page 2
 Property Address 52 LEONARD DR Date 3/05/08
 PARCEL NUMBER 10-0559- - -0046- -32-
 Application description CP MANUFACTURED HOME RA 20R CRITERIA
 Subdivision Name
 Property Zoning PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
			Permit type MANUFACTURED HOME PERMIT		
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

HTE# 08-5-19451

Harnett County Department of Public Health

24540

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JUNE McDONALD PROPERTY LOCATION: STOCKYARD RD
 SUBDIVISION STOCKYARD RD EST. LOT # 25
 NEW REPAIR EXPANSION
 Type of Structure: MAN. HOME (28'x80') Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: CONVENTIONAL
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 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
 No expiration
 Permit conditions: _____

Authorized State Agent: [Signature] Date: 3/5/08 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: JUNE McDONALD PROPERTY LOCATION: STOCKYARD RD
 SUBDIVISION STOCKYARD RD EST. LOT # 25
 Facility Type: MAN. HOME (28'x80') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** CONVENTIONAL (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable) CONVENTIONAL (Repair)

Installation Requirements/Conditions

5 TRENCHES

Septic Tank Size 1000 gallons Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6-12 inches
 Maximum Trench Depth of: 19-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total

**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.

Authorized State Agent: [Signature] Date: 3/5/08 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 3/5/13

HTE# 08-5-19451

Permit # 24540

Harnett County Department of Public Health Site Sketch

ISSUED TO: JUNE McDONALD PROPERTY LOCATOR: STOCKYARD RD
SUBDIVISION STOCKYARD RD EST LOT # 25

Authorized State Agent: [Signature] ES (OLIVER TOLKSDORF) Date: 3/5/08





