HTE#<u>08-5-1994</u>4

Harnett County Department of Public Health

24731

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

		ATION: STOCKY		RO	
ISSUED TO: CELESTINO ZERROA	SUBDIVISION _	STOCKYPED	Ro	E37.II	LOT # <u>3</u> 2
NEW. REPAIR □ EXPANSION □					on Authorization Issuance:
Type of Structure: MAN. HOME (25x70)					
Proposed Wastewater System Type: CONVENTIONAL					
Projected Daily Flow: 360 GPD					
Number of bedrooms: Number of Occupants:	max				
Basement Yes No					
Pump Required: ☐Yes ☐ No ☒ May be required based on final Type of Water Supply: ☐ Community ☒ Public ☐ Well Dista				n. t. ir	\
Permit conditions:	ince from well	1991		Permit vali	,
Terrine Conditions.					No expiration
The same		_			
Authorized State Agent::	Date:	5)6 08			SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	er permits. The permi	it holder is responsible for	checking w	ith appropriate governin	g bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	t Permit shall not be	affected by a change in o	wnership 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.					
<u> Constr</u>	ruction Au	<u>ithorization</u>			
<u>(Re</u>	quired for Build	ding Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957			ces into thi	s permit and shall be m	et. Systems shall be installed in accordance
with the attached system layout.					
ISSUED TO: CELESTINO ZEOROA	PROPERT	Y LOCATION: 55		YORD RD	
		0N 50000			LOT # 32
Facility Type: MAN. HOME (28×70) M New	☐ Expan				LUI #
Basement? Yes No Basement Fixtures? Yes	⊠ No	ізіон 🗀 кера	11		
Type of Wastewater System** Comensional	1_3 110		,	Initial) Wastewate	
(See note below, if applicable \square)			(initial) wastewate	r Flow: <u>360</u> GPD
LPR		(Danain)			
Installation Requirements/Conditions Number of trend		(Repair)			
•			T	a. c	a
•				1, , , 0,	7 Feet on Center
Pump Tank Size gallons Trenches shall be				Cover: 12	inches
Maximum Trench					r shall not exceed
(Trench bottoms		to +/-1/4"		6" above the tre	nch bottom)
in all directions)					1
Pump Requirements:ft. TDH vs GPM					inches below pipe
•			Agg	regate Depth:	inches above pipe
Conditions:					12 inches total
**If applicable: I understand the system type specified is different from	the type specifi	ed on the application	on. I acc	ept the specificati	ons 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 Constru	ction Authorization shall no	ot be transf		nange in ownership of the site. This
Construction Authorization is subject to compliance with the provision of the Laws and Rules for					SEE ATTACHED SITE SKETCH
The state of the s		tion, and the first time to the time to the time to the time to the time to		•	
Authorized State Agent:	S	Data		5 4 08	
Cana	Auction Author	Date	Datar	1-11/12	
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HTE#	08	-5-19944	
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Permit # 24731

Harnett County Department of Public Health Site Sketch

_	PROPERTY LOCATON: STOCKYMED RD	
ISSUED TO: CEVESTINO ZERADA	SUBDIVISION 5 TOCKYARD RO ESTI	LOT # 32
Authorized State Agent:	Date: 5/6/08	

