HTE# 01-5-2613

Harnett County Department of Public Health

25655

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	-		ATION: BBQ C		
ISSUED TO: THOMOG		SUBDIVISION _			LOT #
NEW TX REPAIL	* 1	SION 🗆	Site Improvements required prior to Construction Authorization Issuance: WELL MUST BE PROPERLY ABAJDOJEO.		
Type of Structure:			MELL MUY	4 BE LEGGERTA	HBANDONEO.
Proposed Wastewater System 1 Projected Daily Flow:	Abe: CONTENT	ONAL			
Number of bedrooms:	Number of Occ	cupants: 17 max			
Basement Yes No	mumber of Oct	cupants: max			
		quired based on final location and elevi	ations of facilities		
Type of Water Supply: Co	mmunity A Public	Well Distance from well	icon facilities	Permit valid for:	Five years
Permit conditions:	······································			refinit valid iof.	☐ No expiration
					La no expiration
Authorized State Agent::	W WW	Date:	8 028 00	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the He	alth Department in no way guz	trantees the issuance of other permits. The permi	t holder is responsible for ch	ecking with appropriate governing bodies i	n meeting their requirements. This
site is subject to revocation if the site	plan, plat, or the intended us	e changes. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatm	ent and Disposal and to condi-	tions of this permit.			
			* * *		
		Construction Au	<u>thorization</u>		
		(Required for Build			
The construction and installation requi	rements of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958, and .1959 a	re incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.					
ISSUED TO:		PROPERTY	' LOCATION:		
			ON		LOT #
Facility Type:			sion 🗆 Repair		LUI #
		ixtures? Yes No	sion ii nepair		
Type of Wastewater System*	•	•		All the D. W	CDD
(See note below, if applicable				(Initial) Wastewater Flow:	GPD
(see note below, if applicable	c 🗀)		(Damain)		
Installation Requirements/Cor	ditions	Number of translate			
-		Number of trenches		T 1 C .	
Septic Tank Size		Exact length of each trench		Trench Spacing:	
Pump Tank Size	gallons	Trenches shall be installed on co		Soil Cover:	
		Maximum Trench Depth of:		•	
		(Trench bottoms shall be level t	0 +/-1/4"	36" above the trench bot	tom)
D D :	(***	in all directions)			
Pump Requirements:	It. IDH vs	GPM		***************************************	inches below pipe
.				Aggregate Depth:	inches above pipe
Conditions:					inches total
	***************************************	**************************************			
**If applicable: / understand i	the system type specific	ed is different from the type specific	ed on the application	I accept the specifications of	this permit.
	. ,,	,,	,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F
Owner/Legal Representative Signature:					
This Construction Authorization is subjec	t to revocation if the site plan	, plat, or the intended use changes. The Construc	tion Authorization shall not	pe transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to	compliance with the provisions	of the Laws and Rules for Sewage Treatment and	d Disposal and to the conditi	ons of this permit. SEE	ATTACHED SITE SKETCH

Authorized State Agent:			Data:		
			vale.		
		Construction Authori	zation Expiration D	ate:	