25879

HTE# 10-5-23635

Harnett County Department of Public Health

Improvement Permit

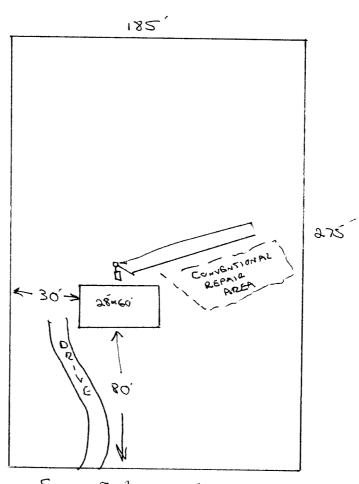
	A building permit cannot be issued with only an Improvement Permit	
ECUIPD TO 11.	PROPERTY LOCATION: Fig. W. O	
ISSUED TO: WAYNE FREDERICK NEW REPAIR FXPANCE	SUBDIVISION	LOT #
	Site Improvements we will be a control of the contr	uthorization Issuance:
Type of Structure: MAN Home (28'160		action issuance.
Proposed Wastewater System Type: Converse	INAC	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occ	rupants: 6 max	
Basement 🗆 Yes 🔀 No		
Pump Required: □Yes 🔀 No 🗆 May be req	quired based on final location and elevations of facilities	
Type of water supply: Community Public	☐ Well Distance from well 100 feet Permit valid for	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Permit conditions:	Terrint valid for	7 1,
		☐ No expiration
Authorized State Agent::	26HS Date: 2 5 10 SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	contract the immediate of	os in meeting their convicement. This
the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subjections of this permit.	t to compliance with the provisions of
and to condition	ons of this permit.	or provisions of
	Construction Authorization	
	(Required for Ruilding Parmie)	
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. Syst	
ISSUED TO: Way of FORDANCY	PROPERTY LOCATION: FLYNN MCHERSON	
MOLD TO. THAT HE T CENTERCY	PROPERTY LOCATION: 1-LYNN MCTHERSOI	V
Facility Type: Man Home (28'x60	מסומואומשטי	LOT #
racility Type: TIAN HOME CAR X60	O New D Expansion D Repair	COI IT
Basement! Yes No Basement Fix	tures? 🗆 Yes 🔀 No	
Type of Wastewater System** Conver	UNIONAL (Initial) Wastewater Flow	O 4#
		v: <u>>60</u> GPD
CONVER	Number of trenches (Repair)	
Installation Requirements/Conditions	Number of the desired (Mepair)	
	Exact length of each trench 75 feet Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 12	
	Maximum Trench Depth of: 24 inches (Maximum soil cover shal	-
		i not exceed
	(French bottoms shall be level to +/-1/4" 36" above the trench be in all directions)	ottom)
Pump Requirements:ft. TDH vs	GPM C	
it. Ibli vs.		inches below pipe
Conditions: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Aggregate Depth: 2	inches above pipe
conditions MATER LINE INTUST	BE LO From SETIC SYSTEM Aggregate Depth:	inches total
		menes total
*If applicable: I understand the system type specified	is different from the type specified on the application. I accept the specifications of	
, , ,	of accept the specifications of	this permit.
Owner/Legal Representative Signature:		
his Construction Authorization is subject to revocation if the strendan of	at, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in	
onstruction 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.	ownership of the site. This
	SEE	ATTACHED SITE SKETCH
uthorized State Agents		
uthorized State Agent:	REHS Date: 25 10	
	Construction Authorization Expiration Date: 25 15	
	The state of the s	

HTE#	10	-5-	236	35
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Permit # __ 25879

Harnett County Department of Public Health Site Sketch

ICCUED TO STATE FOR THE	PROPERTY LOCATON: FLYNN McPLAGSON	
ISSUED TO: WATHE FREGERICY	SUBDIVISION	LOT #
Authorized State Agent:	DENS (OLIVER TOLKSDORD) Date: 25 10	



FLYNN Mchecoson Ro