26048

HTE# 10-5-24205

Harnett county Department of Public Heartn

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit | |
|--|--------|
| PROPERTY LOCATION: Hwy 24/27 | _ |
| ISSUED TO: MILTON BOBBITT SUBDIVISION MILTON BOBBITT LOT # 78 | - |
| NEW X REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: | |
| Type of Structure: MAN. HOME (48 x 48) | |
| Proposed Wastewater System Type: 25% REDUCTION SYSTEM | |
| Projected Daily Flow: 360 GPD | + |
| Number of bedrooms: Number of Occupants: max | |
| Basement XVes No | - |
| Pump Required: ☐Yes | |
| | |
| Permit conditions: No expiration | |
| | |
| Authorized State Agent: Date: 5 20 10 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 provision | ns 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. | ince |
| with the attached system layout. | |
| ISSUED TO: MILTON BOBBITI JR PROPERTY LOCATION: Hwy 24/27 | |
| SUBDIVISION MILTON BOBBITT LOT# TE | 2 |
| | _ |
| Facility Type: MAN HOME (48 x 48) New Expansion Repair | |
| Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GP | |
| | U |
| (See note below, if applicable X) | |
| 25% REDUCTION SYSTEM (Repair) | |
| Installation Requirements/Conditions Number of trenches | |
| Septic Tank Size 1 000 gallons Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center | |
| Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: 12-18 inches | |
| Maximum Trench Depth of: 34-30 inches (Maximum soil cover shall not exceed | |
| (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) | |
| in all directions) | |
| inches helow | pipe |
| Aggregate Depth: inches above | pipe |
| Conditions: WASCO LINE MIST BE 10 From SEPTICS) STEM. NO UTILITIES inches | total |
| May Eucopay On Journal OR REPAIR AGEA. | 1 |
| Conditions: WATER LINE MUST BE 10 From SEPTIC SISTEM. NO UTILITIES inches above MAY ENCROPAGY ON INITIAL OR REPAIR ARCA. | \top |
| | 1 |
| **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. | |
| D | |
| Owner/Legal Representative Signature: | 1 |
| 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 | rcu |
| Construction Authorization is cuttient to compliance with the provision of the bays and Rules for Sewage Treatment and Disposal and to the conditions of this permit. | CII |
| The state of the s | |
| Authorized State Agent: Date: 5 20 10 Construction Authorization Expiration Date: 5 20 15 | |
| Construction Authorization Evaluation Date: 5 2015 | |

Harnett County Department of Public Health Site Sketch

| | PROPERTY LOCATON: HWY 24 27 | |
|---------------------------|------------------------------------|----------|
| ISSUED TO: MILTON BOBBITS | JR SUBDIVISION MILTON BOBBITI | LOT # TB |
| | shelp () | |
| Authorized State Agent: | RENSOLIVED TOLKSOOME Date: 5 30 10 | |
| | | |

