26122

HTE# 10-5.24532

Harnett County Department of Public Health

Improvement Permit

	De issued with only an improvement Permit
ISSUED TO: CHARLES FRANQUET	OPERTY LOCATION: NUT GRASS RD
NEW X REPAIR C EXPANSION C	BDIVISION JA SENTER EST LOT # 1
Type of Structure: MAN HOME (100 ~ 150)	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Convention An	
Number of Occupants: 10 max Basement □Yes No	
Toronto Maria Carlo	
Permit conditions:	om well 100 feet Permit valid for: Five years
	,
Land Company of the C	,1 \
Authorized State Agent: The issuance of this name by the Health Department in no way of this name has the Health Department in no way of the second of the	Date: 6 10 10 SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permi the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	its. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This t shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construct	ion Authorization
(Require	f for Building Permit)
The same of the sa	and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: CHARLES FRANQUET	PROPERTY LOCATION: NUTERASS RD
	SUBDIVISION JA SENTER EST LOT # 1
Facility Type: Mans. Home (100 x 150) X New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	·
Type of Wastewater System** CONVENTIONAL	// / / / / / / / / / / / / / / / / / /
(See note below, if applicable)	(Initial) Wastewater Flow: $\bigcirc\bigcirc\bigcirc$ GPD
CONTENTIONAL	(Repair)
Installation Requirements/Conditions Number of trenches	
* * * * * * * * * * * * * * * * * * *	trench <u>100</u> feet Trench Spacing: <u></u> Feet on Center
Pump Tank Size gallons Trenches shall be inst	Note on center
•	The state of the s
(Trench bottoms shall	be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
1 1 N 0 16'C	
Conditions: WATER LINE MUST BE 10 FROM UTILITIES MAY ENCROACH ON INITI	SEPTIC SYSTEM. NO 12 inches total
UTILITIES MAY ENCROACH ON INITI	N OR REPAIR AREA
**If applicable: I understand the system type specified is different from the ty	pe 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 ownerchin of the cite. This
construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage	freatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
	The state of the s
Authorized State Agent:	Ens Date: 6/20/20
Construction	1 Authorization Expiration Date: 6 16 16

HTE#	10-	5-	24532
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Permit # _ 26122

Harnett County Department of Public Health Site Sketch

ISSUED TO:	ARLES FRA	PROPERTY LOCATON SUBDIVISION	Nu GRASS JA SENTER	Ro Est	LOT # _ \
Authorized State Agent:		DENS COLIVER TO	LKSOOP Date:	alala	
Ţ		320,	- Vale	2/10/10	
1004	00-50	CONVENTI REPAIR AREA TOO' × 150' DESIGNATED HOUSE SITE	ONAL 2 A		
	30'XL			l	