Harnett County Department of Public Health

HTE# 10-5-24978

.....

Improvement Permit

26247

		,
A building permit cannot be issued wit	h only an Improvement Permit	
PROPERTY LOCA	TION: RAN RD	
ISSUED TO: JEFFRED THOMAS SUBDIVISION	AVG CANAL	LOT # ~1
NEW X REPAIR D EXPANSION D Type of Structure: Man HOME ULIXIG		or to Construction Authorization Issuance:
Type of Structure: Man FlomE U4×76)		
Proposed Wastewater System Type: 25% REOUCTION STOTEM		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: Number of Occupants: max		
Number of bedrooms: Number of Occupants: max Basement 🛛 Yes 🔀 No		
Pump Required: TYes RNO May be required based on final location and eleva	tions of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 🔟	DO feet	Permit valid for:
Permit conditions:		Permit valid for: Prive years
Authorized State Agent:: MMM REMS Date:	8/18/10	SEE ATTACHED SITE SKETCH
The issuance of this namit by the Health Department is no way and the second seco		JEL ATTACHED SHE 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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

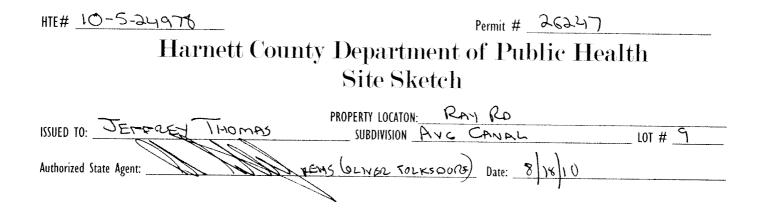
(Required for Building Permit)

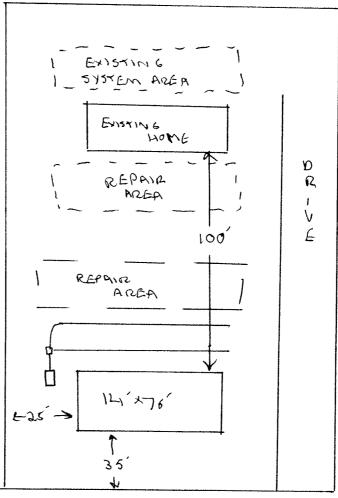
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: JERENEY THOMAS	PROPERTY LOCATION:	RD
Facility Type: MAN HOME (14'276	SUBDIVISION ANC CAN	JAL LOT # 9
Basement? 🗆 Yes 🛛 No 🛛 Basement Fixtu	ires? 🗆 Yes 🛛 No	
Type of Wastewater System** <u>25%</u> RE	OUKTION SYSTEM	_ (Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable 🔀)		
Type of Wastewater System** 25% RE (See note below, if applicable X) 25% REO	UCTION SYSTEM (Repair)	
Installation Requirements/Conditions	Number of trenches 2	
Septic Tank Size 1000 gallons		Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 12-24 inches
	Maximum Trench Depth of: $-\frac{234-36}{1000}$ inches	(Maximum soil cover shall not exceed
	(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
		Aggregate Depth: inches above pipe
Conditions:		inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type 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 whe	n there is a change in ownership of the site. This		
Construction 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.	SEE ATTACHED SITE SKETCH		
Authorized State Agent: Date:	0		





RAY RD