HTE#_<u>11-5-26309</u>

Harnett County Department of Public Health

26337

A building permit cannot be issued with only an Improvement Permit

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PROPERTY LOCATION.	Broading	12 \$
FRUFFRIT LURAHRIN'	LY OUNT IN YOUR	,

ISSUED TO: Teresa Sharpe Baker	SUBDIVISION	_N+ ocd (my rea.		LOT #
NEW REPAIR E EXPANSION		morovements rec	uired prior to Constru	iction Authorizatio	
Type of Structure: MH 14×70		in provenienco rec	unca prior to constru	Carlon Authorizatio	in issuance.
Proposed Wastewater System Type: 25% Recevetion					
Projected Daily Flow: 360 GPD					
Number of bedrooms: Number of Occupants:	_max				
Basement 🗆 Yes 🛛 No					
Pump Required: \Box Yes \Box No \Box May be required based on final h	ocation and elevations o	of facilities			/
Type of Water Supply: 🗆 Community 🖬 Public 🖬 Well Distan	ce from well 75	feet	Permit	valid for:	Five years
Permit conditions:				[🗆 No expiration
		- 1 1			
Authorized State Agent .: Brun Minin REH	Deter C/	11/201	······	CEE ATTACUE	
The issuance of this permit by the Health Department in no way guarantees the issuance of other	Date:			SEE ALLAUHE	D SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The improvement	Permit shall not be affected I	by a change in owne	rship of the site. This permi	it is subject to compl	iance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit				, ,	1
Constr	uction Author	ization			
	uired for Building Per				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,			into this permit and shall b	e met. Systems shall	be installed in accordance
with the attached system layout					
ISSUED TO: <u>Teresa Sharpe Baker</u> Facility Type: <u>MH</u> New Recomment Firstmark		TION Row	admin PI		
issues to: <u></u>			an say ra		LOT #
Facility Type: Mark		Donoiu		······································	_ LUI #
Basement? Ses No Basement Fixtures? Ses		L nepair			
	No				60 000
Type of Wastewater System** <u>25% Accustion Sy</u>	(rem		(Initial) Wastew	ater flow: <u></u>	GPD GPD
(See note below, if applicable \Box)	ch in	• •			
Installation Requirements/Conditions Number of trend	<u>Tem (</u> Kepa	air)			
			_	6	_
· · · · · · · · · · · · · · · · · · ·	each trench <u>300</u>		Trench Spacing:	<u> </u>	
	installed on contour		Soil Cover:		
	Depth of: <u>12-1</u>		(Maximum soil c		xceed
, , , , , , , , , , , , , , , , , , ,	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: Septictark can be ar clare as s	0tt. to well.	Draintin	Id nort		inches total
be 75 ft. fromwell.					
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI	NY PART OF SEPTIC	SYSTEM OR R	FPAIR ARFA		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA					
**If applicable: / understand the system type specified is different from t	the type specified on i	the application.	I accept the specific	cations of this p	permit.
Owner/Legal Representative Signature:			Date:		
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	hanges. The Construction Auth	norization shall not b	e transferred when there is		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	ewage Treatment and Disposal	I and to the condition	ons of this permit.	SEE ATTA	CHED SITE SKETCH
// nich n.					
Authorized State Agent: / Singa Marin RE	HS	Date: _	4/11/2	0//	
	ruction Authorization	Expiration D	ate: <u>4/11/2</u>	016	

HTE# 11-5-26709	Pe	rmit #	26337				
Harnett County Department of Public Health							
	Site Sketch						
	PROPERTY LOCATON: Broad	way &	d.				
ISSUED TO: Teresa Sharpe Baker	SUBDIVISION	,	······	_ lot #			
Authorized State Agent: Authorized State Agent: REA	У	Date: <u> </u>	1/1/2011				

