HTE#11-5-26944

Harnett County Department of Public Health

Improvement Permit

26592

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: ACA PJA INC		TION: Coor Servics Ro	
	SUBDIVISION _	MASON HILL	FOT # <i>15</i>
NEW X REPAIR D EXPANSION D Type of Structure: MAN, HOME (12 > 60	$\dot{\cdot}$	Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure: MAN, HOME (12 × 60) Proposed Wastewater System Type: 25% REDUCTION			,
Projected Daily Flow: 3-0 GPD	<u>n</u>		
	G max		
Basement Tyes No	IIIAX		
Pump Required: Tes No Tay be required based	on final location and eleva	tions of facilities	10-10-
Type of Water Supply: Community Public Well			Five years
Permit conditions:			No expiration
Authorized State Agent::	REITS Date: _	SEE AT	TACHED 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 provisions of			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this peri	inprovement Permit shall not be	affected by a change in ownership of the site. This permit is subject to	compliance with the provisions of
(onstruction Au	thorization	
<u>Construction Authorization</u>			
The construction and installation requirements of Rules 1959 1952 1954 1955	(Required for Buildi		1.01.1.2.01.12.4
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1 with the attached system layout.	730, .1731, .1736. and .1737 ar	e incorporated by references into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: ACA PJA INC	PROPERTY	LOCATION: COOLSPRINGS RD	
SURDIVISION MASON HOLD			
Facility Type: MAN Home (12-60) New Expansion Repair			
Basement? Yes No Basement Fixtures? Yes No			
Type of Wastewater System** 250/0 REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD			
(See note below, if applicable \square)	70.0	(ilitial) Wastewater Flow.	GLD
as he reduction, " applicable (1)	1,500<1201100	(Panair)	
	of trenches	(hepair)	
		600 feet Trench Spacing:	5
,	ngth of each trench	feet Trench Spacing:	Feet on Center
, , , , , , , , , , , , , , , , , , , ,	s shall be installed on co		inches
	n Trench Depth of: 13	•	
,	bottoms shall be level to	$0 + \frac{1}{4}$ 36" above the trench bot	tom)
	irections)		
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. I	ROM ANY PART OF S	EPTIC SYSTEM OR REPAIR AREA.	
VO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DRAIN FIE			
TOTAL			
**If applicable: / 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:	
his Construction Authorization is subject to revocation if the site plan, plat, or the in		tion Authorization shall not be transferred when there is a change in o	wnership of the site. This
Construction Authorization is subject to compliance with the programment the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH			
	_	\ \	
Authorized State Agent:	MEN72	Date: 7 7 31 3	
Construction Authorization Expiration Date: 177716			

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: COOL SPRINGS RO
SUBDIVISION MASON HILL LOT # 12

