Harnett County Department of Public Health

HTE# 13 - 5-31365

Improvement Permit

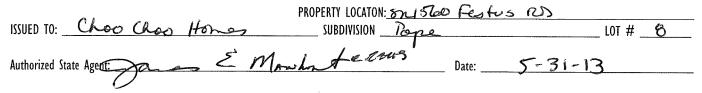
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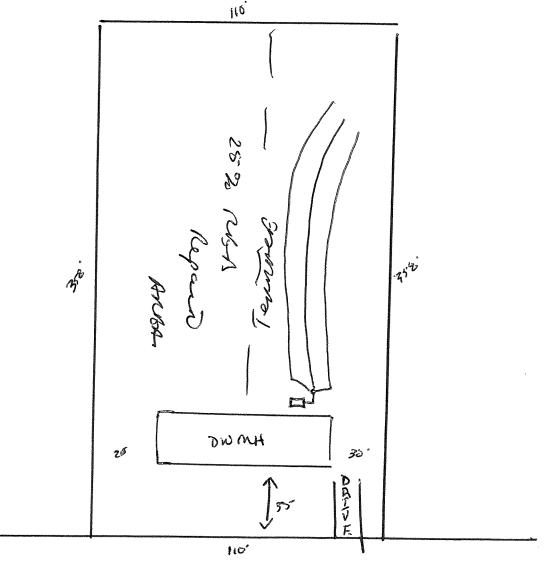
A	building permit cannot be issued w			
ISSUED TO, Change Change House	PROPERTY LOO	ATION: 37(1560	Festus RD	
ISSUED TO: Choo Choo Homes NEW REPAIR D EXPANSIO	ארונואוחאחר אר	Site Improvements rec	uired prior to Construction Authori	LOT # <u>8</u>
Type of Structure: Dwn_H		site improvements rec	uned prior to construction Author	ization issuance:
Proposed Wastewater System Type: 25% 128-DU	(MA)			
Proposed Wastewater System Type: 25% 128-100 Projected Daily Flow: 362 GPD				
Number of bedrooms: Number of Occup	pants: 6 max			
Basement Yes No				
Pump Required: 🗆 Yes 🗆 No 🗹 May be requ	ired based on final location and ele	vations of facilities	<u></u>	<i>s</i> .
Type of Water Supply: Community Public			Permit valid for:	Five years
Permit conditions:		·		No expiration
Authorized State Arter and Mill	Anhant Date:	5-31-	13	
Authorized State Agent:				ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of	changes. The Improvement Permit shall not b	e affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition		/ 0		
	Construction A	uthorization		
	(Required for Buil			
The construction and installation requirements of Rules .1950, .1952, .1			into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.	····, ····, ····		····· ···· F······ ···· ····· ···· ···	
ISSUED TO ALLO ALLO ILO		NIACATION SAVE	IN C LIDA	
ISSUED TO: CLOO CLOO HOME	PROPER	IT LUCATION: $\underline{\partial a}/\underline{a}$	00 restra 10	
ISSUED TO: <u>Choo Choo Home</u> Facility Type: <u>DWMH</u> Basement? Yes No Basement Fix		ION <u>rope</u>		LOT # <u></u>
Facility Type:	L' New Expa	nsion LI Kepair		
Basement? \Box Yes \Box No Basement Fix: Type of Wastewater System** 25% RED (See note below if applicable \Box)	tures? 🗋 Yes 🖸 No			74.0
Type of Wastewater System** 15 76 KED	WORDN JUSTES		(Initial) Wastewater Flow: _	<u> </u>
(Jee note below, if applicable interpreted)				
25% RED	Number of trenches 3	(Repair)		
Installation Requirements/Conditions	Number of trenches		0	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _	<u>80</u> feet	Trench Spacing: Soil Cover:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on		Soil Cover: <u>6</u> i	nches
	Maximum Trench Depth of:	24 inches	(Maximum soil cover shall n	not exceed
	(Trench bottoms shall be level		36" above the trench bott	om)
	in all directions)			,
Pump Requirements:ft. TDH vs	,		6	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				
				michica iulai

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: understand the system type specified is different from the type specified on the application. 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 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.				
Authorized State Agent: James & Markanda Construction Authorization	Date: $5-31-13$ Expiration Date: $5-31-13$			







SA 1560 Festus RD