HTE# 13-5-31854

Harnett County Department of Public Health Improvement Permit

27604

A bu	ilding permit cannot be issued with only an Improvement I PROPERTY LOCATION:_ <u>Barbec</u>	Permit	
ISSUED TO: Amy M. Morrison	SUBDIVISION		LOT #
ISSUED TO: 14 MY M. MORTISON NEW D REPAIR . EXPANSION		ired prior to Construction Author	ization Issuance:
Sype of Structure: $MH 18 \times 70$			
Proposed Wastewater System Type: 25 72 Leduct	ion Suster		
Projected Daily Flow: GPD			
Number of bedrooms: <u>3</u> Number of Occupan	ts:max		
Basement 🗆 Yes 🖻 No			
Pump Required: 🗆 Yes 🗹 No 🗆 May be required	d based on final location and elevations of facilities	N 1 1 1 1	
Type of Water Supply: Community Public	Well Distance from well feet	Permit valid for:	Five years
Permit conditions:		······································	No expiration
A	/	······	
	- PIHC Data 8/10/2013	SEE AT	ACHED SITE SKETCH
Authorized State Agent:: Mugan Multi State Agent:: Multi Sta	$\sim / C / / D ale. / / C /$		
The issuance of this permit by the Health Department in no-way guarantee site is subject to revocation if the site plan, plat, or the intended use char	is the issuance of other permits. The permit noder is responsible for energy and the improvement Permit shall not be affected by a change in owner	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 conditions of	of this permit.		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954	4 1955 1956 1957 1958 and 1959 are incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.	1, 1755, 1756, 1757, 1756, and 1757 are meripside of the		
	B 1	church RI	
ISSUED TO: _ Hmy M. Morrison	PROPERTY LOCATION: Nor 6	ecue churcha	LOT #
ISSUED TO: Amy M. Morrison	SUBDIVISION		LUI #
Facility Type:	_ New 🗋 Expansion 🗀 Repair		
D	ires? 🗆 Yes 📌 🔲 No	· · · · · · · · · · · · · · · · · · ·	3(1)
Type of Wastewater System** 25% Keduc	tion System	(Initial) Wastewater Flow:	GPD GPD
(Saa noto bolow, if applicable)	,		
25% Leduc	tion System (Repair)		
Installation Requirements/Conditions	Number of trenches	G	
Septic Tank Size /000 gallons	Exact length of each trench $/00$ feet	Trench Spacing: <u>9</u>	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-18</u>	inches
0	Maximum Trench Depth of: <u>18-30</u> inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bo	ottom)
	in all directions)		
Pump Requirements:ft. TDH vs	•		inches below pipe
	_ 0111	Aggregate Depth:	inches above pipe
Conditions:		00 0 1	inches total
		DEDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FI. FRUM ANY PART OF SEPTIC STSTEM OR	KEFAIK ANLA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	RAIN FIELD AREA.		
**If applicable: I understand the system type specified	is different from the type specified on the application	n. I accept the specifications o	f this permit.
<u>I applicable.</u> I understand the system type specifica			
Owner/Land Bernsontative Signature:		Date:	
This Contraction is the state of the state o	lat, or the intended use changes. The Construction Authorization shall not	be transferred when there is a change in	n ownership of the site. This
Construction Authorization is subject to revocation if the site plan, p	the Laws and Rules for Sewage Treatment and Disposal and to the condi	itions of this permit. SE	E ATTACHED SITE SKETCH
	1		
Authorized State Agent:	Construction Authorization Expiration	8/14/2013	
Authorized State Agent: / upo 19	wan / Call Date:	Det Elillacis	
	Construction Authorization Expiration	Date: y // y / 2.70	

