HTE# 13 5-32157 Harnett County Department of Public Health

Improvement Permit

27581

A	building permit cannot be issued wi		Permit Festus RD	
ISSUED TO: She love Daridie	Johnson SUBDIVISION	411011. 3743 6C	1- (STOC) (C)	LOT #
NEW ☐ REPAIR ☐ EXPANSIO			quired prior to Construction Author	
Type of Structure:		one improvements rec	Janua Prior to construction rection	radon issuince.
Proposed Wastewater System Type: 25%, 78300				7
Projected Daily Flow: 480 GPD				
	pants: <u>&</u> max			
Basement □Yes ☑ No				
Pump Required: □Yes □ No □ May be requ	ired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from well _	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
3 M	11 LP		2	
Authorized State Agent::		10-1-1		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use	ntees the issuance of other permits. The permi	offected by a change in owns	cking with appropriate governing bodies in	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition		anected by a change in onlie	Tamp of the site. This permit is subject to	compliance with the provisions of
	Construction Au	thorization		
The assessment and installation requirements of Duley 1000, 1000, 1000	(Required for Build	•	to a detail of the transfer of	
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	754, .1755, .1750, .1751, .1758. and .1757 a	are incorporated by references	into this permit and shall be met. System:	s shall be installed in accordance
	- 1			
ISSUED TO: Sheley Eldnidge & Facility Type: MIH	ノムトルラのユ PROPERT	Y LOCATION: <i>5</i> 2/5	60 festus KD	
	SUBDIVISI	ON		LOT #
Facility Type:M/H	☐ New ☐ Expan	sion 🗌 Repair		
Basement? Yes No Basement Fix	tures? Yes No	'		
	NUTUON Squ 404	a	(Initial) Wastewater Flow	480 GPD
(See note below, if applicable □)			(milal) wastewater now.	
150h. TBI	Derno 50,542	(Ranair)		
Installation Requirements/Conditions	Number of trenches Z	(nepair)		
\$ - 7 / A	***************************************	1.00	T	F
,	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on o			inches
	Maximum Trench Depth of:2	-	(Maximum soil cover shall	
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bot	tom)
	in all directions)		j	
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth: 2	- inches above pipe
Conditions:			00 0 1	/Z inches total
				menco total
WATER LINES (INCLUDING IRRIGATION) MUST I	DE TOET FROM ANY RART OF C	TOTIC CVCTEM OD I	ALDAID ADEA	,
WATER LINES (INCLUDING IRRIGATION) MUST I		PELLIC 2121FW OK 1	KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DRAIN FIELD AREA.			
**If applicable: / understand the system type specified	d is different from the type specifi	ied on the application	I accent the specifications of	this nermit
	is amerens irom and type opening	approaction.	r accept the specimeations of	ins perime
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan,	nlat or the intended use changes. The Constru			number him of the site. This
Construction Authorization is subject to revocation it the site plan,			_	ATTACHED SITE SKETCH
			ons or this perint. JEC	WINCHED SHE SKEICH
Authorized State Agent:	Markey for		10-1-13	

Construction Authorization Expiration Date: __

HTE#	13-5 - 37157
1115.77	12 201-

Permit # <u>27581</u>

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 501560 Festes RA	
	LOT #
Authorized State Agent: Date: 10-1-13	1.12.09000100

