HTE# 14-5-33521

Harnett County Department of Public Health

27930

Improvement Permit

A Dullus	PROPERTY LOCA		
ISSUED TO: A PLUS CONSTRUCT		TION.	LOT #
NEW REPAIR □ EXPANSION □		Site Improvements required prior to Construction	
Type of Structure: MAN HOME (16X	<u>60')</u>	· · ·	
Proposed Wastewater System Type: Convention	AL		
Projected Daily Flow: GPD	1 ,		
Number of bedrooms: Number of Occupants:	max		
Basement Yes No			
	ased on final location and eleva		, \
Type of Water Supply: ☐ Community ➤ Public ☐ Permit conditions:	Well Distance from well 1	<u>COO</u> feet Permit valid	for: Five years _ □ No expiration
	0000	Elalas	
Authorized State Agent::	REAS Date:	, , , , , , , , , , , , , , , , , , , ,	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes the Laws and Rules for Sewage Treatment and Disposal and to conditions of the	. The Improvement Permit shall not be		
	Construction Au	<u>thorization</u>	
	(Required for Buildi	ing Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .19 with the attached system layout.		re incorporated by references into this permit and shall be me	t. Systems shall be installed in accordance
ISSUED TO: A PLUS CONSTONCY	< \ O. \ DDODEDTV	LOCATION: MARKS RD	
	CURRINGUE	· · · · · · · · · · · · · · · · · · ·	LOT #
Facility Type: MAN HOME (16260)) New Transit	ON sion	L01 #
		sion \square kepair	
Basement?	•	(Initial) Wastewater	m 046 m
Type of Wastewater System** (ONVENT)	UNRC	(Initial) Wastewater	Flow: GPD GPD
(See note below, if applicable \square)	4	(h :)	
CONVENTI		(Repair)	
		=======================================	r
	act length of each trench	feet Trench Spacing:	Feet on Center
1	enches shall be installed on co		
	ximum Trench Depth of: 🕰	`	
•	ench bottoms shall be level t	to +/-1/4" 36" above the tren	ch bottom)
	all directions)		<u>^</u>
Pump Requirements:ft. TDH vs GP	MY		inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			12 inches total
)FT. FROM ANY PART OF S	EPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DRAIN			
**If applicable: / understand the system type specified is d	'ifterent from the type specific	ed on the application. I accept the specification	ons of this permit.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or		Date:	
Construction Authorization is subject to compliance with the provision of the Li	aws and Rules for Sewage Treatment and	d Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
all Ill		-1 1.	
Authorized State Agent:	REHS	Date: 57)14	
•	Construction Author	rization Expiration Date: 5779	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: MARKS RD

LOT # LO

