HTE# 14-5-34232 Harnett County Department of Public Health 28059

Improvement Permit

A I	ouilding permit cannot be issued with only an Improvement	Permit			
This C M	PROPERTY LOCATION: Sec 1560 F	Potus (U)			
ISSUED TO JULIO C MEC	SUBDIVISION JAm 5 Page	2_			
NEW ☑ REPAIR □ EXPANSION	☐ Site Improvements requ	ired prior to Construction Authoriz	ration Issuance:		
Type of Structure: SWM 1+					
Proposed Wastewater System Type: 25 % Z Z Z	26 marios				
Projected Daily Flow: 300 GPD	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Number of bedrooms: 3 Number of Occupa	ints:max				
Basement □Yes □ No		a management member member media men			
Pump Required: □Yes □ No ☑ May be requir	ed based on final location and elevations of facilities				
Type of Water Supply: Community Public	☐ Well Distance from well feet	Permit valid for:	Five years		
Permit conditions:			☐ No expiration		
		,			
Authorized State Agent:	130,7.21				
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use che Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement Permit shall not be affected by a change in owner	king with appropriate governing bodies in a ship of the site. This permit is subject to c	meeting their requirements. This ompliance with the provisions of		
	Construction Authorization	-			
	(Required for Building Permit)	Site Improvements required prior to Construction Authorization Issuance: Vations of facilities			
The construction and installation requirements of Rules 1950, 1952, 19		into this permit and shall be met. Systems	shall be installed in accordance		
with the attached system layout.					
ISSUED TO: - JULIO C Med	PROPERTY LOCATION: 32/50	Ed Frentes PCD	IOT # ~~7		
- 110 - S. 1000 J.J.	SUBDIVISION Descin	ne	LUI #		
Facility Type:	_ L New L Expansion L Nepair				
Basement? Yes No Basement Fixt	ures? 🗀 Yes 🗀 No				
Type of Wastewater System** 250 Notes	and systa-	(Initial) Wastewater Flow: _	<u> ブにさ</u> GPD		
(See note below, if applicable \square)	,				
25% NON	Cardon Jastr (Repair)				
Installation Requirements/Conditions	Number of trenches 3				
Septic Tank Size / OOO gallons	Exact length of each trench feet	Trench Spacing:	Feet on Center		
Pump Tank Size gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: $24-18$ inches	***************************************			
		`			
	(Trench bottoms shall be level to +/-1/4" mp	36" above the trench botto	om)		
	(Trench bottoms shall be level to +/-1/4" mpo in all directions)	1			
Pump Requirements:ft. TDH vs	GPM	<u></u>			
	_	Aggregate Depth: Z	inches above pipe		
Conditions:			12 inches total		
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	(EPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.				
**If applicable: / understand the system type specified	is different from the type specified on the application.	I accept the specifications of t	his permit.		
Owner/Legal Representative Signature:		Date:	wake a ward anni Africa was hope the state of the state o		
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not	be transferred when there is a change in ov	Whership 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: Date: 8-12-14					
Construction Authorization Expiration Date: 812-19					

Harnett County Department of Public Health Site Sketch

UED TO: Julio C Medista	PROPERTY LOCATON: 5/2/5	000		_ LOT #
	Arhan Sourcon	Date:	8-12-14	
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