HTE# 15-5-35336

Harnett County Department of Public Health

28147

Improvement Permit

A	DUIIDING PERMIT CANNOT DE ISSUED WIT	n only an improvement TION: <u>Byrds</u>	Pill Pa	
155UED TO: Barry + Bernadett G11	CURDIVICION	111UN: 2)γ/4) /		LOT # ぺし
NEW REPAIR EXPANSION	1 []	Cita Improvements regu	uired prior to Construction Autho	
Type of Structure: MH 14/V 70		The improvements rede	med prior to construction name.	IZALIOII ISSUUITCE.
Proposed Wastewater System Type: 25% Lecto	Lien Surtem			
Projected Daily Flow: 240 GPD	Cl voi dy i = i =			
Number of bedrooms: 2 Number of Occup:	ants: 4 max		·	
Basement \square Yes \square No	Allta			
	red based on final location and eleva	ations of facilities		
Type of Water Supply: Community Public	Well Distance from well	/OÒ feet	Permit valid for:	Five years
Permit conditions:			• • • • • • • • • • • • • • • • • • • •	☐ No expiration
-				· I
12		1/		
Authorized State Agent: Luga MC wa	in REHS Date: _	2/5/2015	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit	t holder is responsible for chec	king with appropriate governing bodies in	n meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch	nanges. The Improvement Permit shall not be	affected by a change in owner	ship 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 this permit			
	<u>Construction Au</u>	<u>thorization</u>		
	(Required for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952, .19			nto this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.				
ISSUED TO: Barry+Bernade++ Elliso Facility Type: MH	. <i>I-I</i> PROPERTY	I LOCATION BUCK	CM:11Rd	
1330ED TO. Corry Derina.	CIIRDIVICI	NI) / (/) [/ -	LOT # 2 6
r w r M L	Na D Evene	oin Ronair	,	ΕΟΙ ΤΙ Ξ. Ο
Facility Type: // L/I	MEW LI EXPAIR	21011 Li vehan		
· ·	cures?		0 1 2 1 14 1	2.40
,	uction System		(Initial) Wastewater Flow:	240 GPD
(See note below, if applicable □)	, ,			
25%. Kedu	oction System	(Repair)		
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size /00 0 gallons	Exact length of each trench Trenches shall be installed on c	/00 feet	Trench Spacing:9	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on c	ontour at a	Soil Cover: 6	inches
Tump Tank Size &urons	Maximum Trench Depth of: _/		(Maximum soil cover shall	·
			36" above the trench bo	
	(Trench bottoms shall be level	[O +/-1/4	סס אסטאפ נוופ נופווכוו שט	atom)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total

WATER LINES (INCLUDING IRRIGATION) MUST B	RE THE FROM ANY PART OF S	SEPTIC SYSTEM OR R	FPAIR ARFA	
•		El He Jisiem on	LI AM AMEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELD AREA.			
**If applicable: / understand the system type specified	is different from the type specifi	ied on the application.	I accept the specifications of	this permit.
, , , ,	,, ,	••	· ·	•
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, p	olat, or the intended use changes. The Constri	uction Authorization shall not b	e transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of				ATTACHED SITE SKETCH
	A		1 /	<u> </u>
Authorized State Agent:	REAS	Data	2/3/2015 ate: 2/3/2020	
Authorized State Agent:	<u>,/ce/y</u>	Date: _	210/200	
	Construction Author	rization Expiration D	ate: 2/5/2020	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Byrds	M:11 Rd.
ISSUED TO: Barry + Bernadett Ellistt SUBDIVISION	LOT # 2 6
, , , ,	1 /
Authorized State Agent: June Moin KEHS	Date: 2/3/2015

