HTE# 09.5.21862R

## Harnett County Department of Public Health

25264

Improvement Permit

A building pern	nit cannot be issued with only an Improvem	ent Permit	3 m (1)
ISSUED TO: David E. Hubbard	PROPERTY LOCATION: 52 /2 SUBDIVISION	19 Correz / lor	LOT # /A
NEW   REPAIR □ EXPANSION □		required prior to Construction Author	
THE MAN DEVINE	·	required prior to construction Author	orization issuance.
Proposed Wastewater System Type: Thellow Convention GPD	ticul	**************************************	
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants:	max		
Basement 🗆 Yes 🖾 No			
Pump Required: □Yes □ No □ May be required based on	final location and elevations of facilities		
Type of Water Supply: Community Public Well Permit conditions:	Distance from well	Permit valid for:	Five years  No expiration
Authorized State Agents: // / / / / / / / / / / / / / / / / /	f 1/22/200	. 0	
Authorized State Agent: Juye With Benziment in position to the income the income	Date: $\frac{4/22/200}{}$		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the site plan, plat, or the intended use changes. The Impr the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ovement Permit shall not be affected by a change in o	checking with appropriate governing bodies whership of the site. This permit is subject to	in meeting their requirements. This o compliance with the provisions of
Co	nstruction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956 with the attached system layout.	6, 1957, 1958, and 1959 are incorporated by reference	es into this permit and shall be met. System	ns shall be installed in accordance
ISSUED TO: David E. Asbbard	DRADERTY LOCATION CA	1271	
	PROPERTY LOCATION: 5/1		1
Facility Type: MH 28 x64	SUBDIVISION		LOT # <u>/A</u>
Description of the second of t			
Basement?  Yes No Basement Fixtures? Yes	es   No ent:onl		2( 5
Type of Wastewater System** _ Shallow Conv	ention en	(Initial) Wastewater Flow:	GPD GPD
(See note below, if applicable )	A care (Repair)		
Installation Requirements/Conditions Number of	trenches	•	
Septic Tank Size /000 gallons Exact length	th of each trench <u>80</u> feet	Trench Spacing:	Feet on Center
	nall be installed on contour at a	Soil Cover: 6	inches Min
	French Depth of: 12 inches		
	ttoms shall be level to +/-1/4"	36" above the trench bot	
in all direc		To above the trench bot	.tom)
Pump Requirements:ft. TDH vsGPM	10113)	(	
· · · · · · · · · · · · · · · · · · ·			inches below pipe
Conditions: Dran lines to be our on con	tour & No DEEPER H	Aggregate Depth: 2	inches above pipe
floores Ellean not be actual t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on Idinan	inches total
i high the Convertor of doctors to	on tank to lines po	up will be need	(60)
**If applicable: I understand the system type specified is different i	from the type specified on the application	n. I accept the specifications of	this permit.
		, ,	,
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended	ed use changes. The Construction Authorization shall no	be transferred when there is a change in o	ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rui	les for Sewage Treatment and Disposal and to the cond	tions of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agents, Sur Mui	RS, Date:	4/22/2019	
	/ 13/16	1100010001	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: David & Hubbard		: 51/274 Cortez Morn	
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