HTE# 09-5-2309RRR

Harnett County Department of Public Health

25813

Improvement Permit

A building permit cannot be issued with only an Impr

_	PROPERTY LOCAT	TION: Ruff		
ISSUED TO: David + Cindy Songr	SUBDIVISION	11011. 7-0 14 17		LOT # /
NEW REPAIR □ , EXPANSION □	_ 300011131011		quired prior to Construction	
Type of Structure: 5FD 28 176		ore improvements rec	junea prior to construction	Addition issuance.
Proposed Wastewater System Type: Conventional	****			
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants: 8	max			
Basement 🗆 Yes 🖼 No	_			
Pump Required: □Yes □ No □ May be required based on final l	ocation and eleva	tions of facilities		
Type of Water Supply: Community Public Well Distant	nce from well	/OO feet	Permit valid f	or: Five years
Permit conditions:				□ No expiration
				mas it on privately it
		1 1		
	Date: _	12/8/200		EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	r permits. The permit	holder is responsible for che	cking with appropriate governing he	odies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	Permit shall not be a	ffected by a change in owne	rship of the site. This permit is sub	pject to compliance with the provisions of
the caws and rules for sewage freatment and disposal and to conditions of this permit.				
	•			
<u>Constr</u>	<u>uction Aut</u>	<u>thorization</u>		
(Rec	quired for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	.1958. and .1959 are	incorporated by references	into this permit and shall be met.	Systems shall be installed in accordance
with the attached system layout.				,
ISSUED TO: David + Cindy Jones	ארות אמות	LOCATION A.	50 01	
1330ED 10. David Chayoong	PROPERTY	LUCATION: 100	Min Ka.	
1. T. 1. (E)	20RDIAI210	N	Fin Rd.	LOT #/
Facility Type: New	∟ Expansi	on 🗆 Repair		
Basement? Yes No Basement Fixtures? Yes	□ No			
Type of Wastewater System**			(Initial) Wastewater F	Tow: <u>480</u> GPD
(See note below, if applicable □)				
25% Reduction		_(Repair)		
Installation Requirements/Conditions Number of trend	hes <u>6</u>			
Septic Tank Size 1000 gallons Exact length of e	each trench $\{$	30 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size gallons Trenches shall be			Soil Cover: 8	inches
Maximum Trench			(Maximum soil cover s	
(Trench bottoms			`	
,	sitati be level to	T/-1/4	36" above the trench	n bottom)
in all directions)				6
Pump Requirements:ft. TDH vs GPM				inches below pipe
on Addition all als	1	1 0	Aggregate Depth:	inches above pipe
Conditions: //a Utilities Allowed in S	ystem	Avecor Ke	pair/vec	inches total
contractor to Meet on-sife +	er tia	al layou	+	
water line nost be at leas	+ 10 F	t. from a	my portefs	estic system
**If applicable: I understand the system type specified is different from t	the type specified	d on the application.	I accept the specification	s of this permit
· / // /	7/		. accept the specimentions	or uns permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use c	banger. The Constructi	on Authorization shall not be		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S			•	•
man the profisions of the caws allo Miles for 3	crage meatment and	nishozai aun to tue couditio	ns or this permit.	SEE ATTACHED SITE SKETCH
Australia Constant Constant Constant	2 = 111	-	mlalin	
Authorized State Agent.	_C (1)	Date: _	12/18/2007	
Constr	uction Authoriz	ation Expiration Da	ite: 12/8/201	4

Harnett County Department of Public Health Site Sketch

