25921

HTE#<u>10-5-23838</u>

Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit

, , , , , , , , , , , , , , , , , , ,	PROPERTY LOCATION: THOMAS FAREN RO
1510ED TO: NORMA HAGELICA CASSAMEDA	SUBDIVISION LBS LOT # 6
NEWX REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: MAN, HOME (28×48)	
Proposed Wastewater System Type: Conversional	
Projected Daily Flow: 360 GPD	
	max
Basement Yes No	
Pump Required: No May be required based on final local loc	
Type of Water Supply: Community Public Well Distance Permit conditions:	e from well 100 feet Permit valid for: Five years
Authorized State Agent:: Q.C.H.S	Date: 3 10 10 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other productions of the permit by the Health Department in no way guarantees the issuance of other productions.	Date: SEE ATTACHED SITE SKETCH permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This ermit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Construc	iction Authorization
(Requi	ired for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .19 with the attached system layout.	1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: NORMA ANGELICA CASTANEDA	PROPERTY LOCATION: THOMAS FARM RO
~	SUBDIVISION LOT # 6
Facility Type: MAN. HOME (28×48) X New	□ Expansion □ Repair
	⊠ No
Type of Wastewater System** CONVENTION AL	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	(miliar) Wastewater Flow. 360 GFD
CONVENTIONAL	(Repair)
Installation Requirements/Conditions Number of trenches	
	ch trench <u> </u>
,	installed on contour at a Soil Cover: 6-12 inches
	Pepth of: 18-24 inches (Maximum soil cover shall not exceed
in all directions)	nall be level to +/-1/4" 36" above the trench bottom)
Pump Requirements:ft. TDH vs GPM	(
	inches below pipe
anditions WATER LINE MIST REIN FRAM SER	Aggregate Depth: inches above pipe
Conditions: WATER LINE MIST BE 10' FROM SEP MAY ENCROPART ON INITIAL OR REPAIR	TIC STEM. NO UTILITIES 12 inches total
THIS CHECKAY OF WITHER OF REPAIR	MREA
"It applicable: I understand the system type specified is different from the	e type specified on the application. I accept the specifications of this permit.
N A A B A C C	
Owner/Legal Representative Signature:	Date:
his Construction Authorization is subject to Tevocation if the site plan, plat, or the intended use change	nges. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewa	age Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
uthorized State Agent: MIN REHS	Date: 3 10 10
Construct	ction Authorization Expiration Date: 13 10/15

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Harnett County Department of Public Health Site Sketch

