HTE# <u>10-5-2476</u> 5 H	arnett County	Department of P	ublic Health	26067
	-	provement Permit		
	A building permit cann	ot be issued with only an Improve	ment Permit	
ISSUED TO: JOHN Helton NEW D REPAIR D EXP		PROPERTY LOCATION //	55	
NEW V REPAIR FXP	ANSION 🔲	SUBDIVISION BAILNES		LOT # 5
IVDE of Structures N/ Second		Site Improvement	s required prior to Construction Aut	horization Issuance:
Proposed Wastewater System Type: 25% REIX Projected Daily Flow: 600 CPD	KRUN Syster			
		-		
Basement \Box Yes \sim \Box No	Occupants: <u>10</u> n	nax		
Pump Required: 🗹 Yes 🛛 No 🖂 Mar be	required based on final lor	ation and elevations of facilities		
Type of Water Supply: Community Public Providence of Community Public Permit conditions: Community Providence of Community Permit Conditions:	ic 🗆 Well Distance	from well feet	Domis with C	
Permit conditions:Con France on	to meet	- ONSEFF PR	remite valid for:	☑ Five years □ No expiration
		/		- No expiration
Authorized State Agent	Andan tor	Date: 8-6-1		
The issuance of this permit by the Health Department in no way a site is subject to revocation if the site plan, plat, or the intended the laws and Rules for Source Testerplan.	guarantees the issuance of other p			TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended the Laws and Rules for Sewage Treatment and Disposal and to con	use changes. The Improvement Pe ditions of this permit	rmit shall not be affected by a change in o	ownership of the site. This permit is subject	in meeting their requirements. This to compliance with the provisions of
	Constru	ction Authorization		
	/D			
The construction and installation requirements of Rules .1950, .195, with the attached system layout.	<u>(Neyun</u> 2, .1954, .1955, .1956, .1957, .19	red for Building Permit) 58. and 1959 are incorporated by reference	and finds at the second second	
		and they are incorporated by reference	les into this permit and shall be met. Systen	is shall be installed in accordance
ISSUED TO: John Helton		PROPERTY LOCATION: 5/42		
		SUBDIVISION BARRAG	4	
Facility Type:DWMH	🗹 New	Expansion Repai		LOT # _ <u></u>
Basement? Yes I No Basement	Fixtures? 🗌 Yes 🛛 🖬	1 No		
Type of Wastewater System** 25% REAU	Chor Systa (1	(cepted)	(Initial) Wastewater Flow:	600 000
(See note below, if applicable \Box)				GPD
Installation Requirements/Conditions	Number of trenches	<u>Proper(Rep</u> air)		
Septic Tank Size <u>/500</u> gallons				
Pump Tank Size 1800 gallons	Exact length of each	trench 150 feet	Trench Spacing:	Feet on Center
ganons	Maximum Turnel D	talled on contour at a	Soil Cover:	inches
	(Tranch bottoms shall	oth of: $30 - 218$ inches	(onum)	10t exceed
	(Trench Dottoms shall	be level to $+/-1/4$ "	36" above the trench bott	om)
Pump Requirements:ft. TDH vs	in all directions) GPM		,	,
			Aggregate Depth: 2	inches below pipe
Conditions:			Aggregate Depth: <u>2</u>	inches above pipe
				12 inches total
**If applicable: I understand the system type specifie	d is different from the t	vpe specified on the application	I account the anni Carting of	,
Ourse of the Laboratory of the	,	<i>i</i>	Taccept the specifications of th	us permit.
Owner/Legal Representative Signature:			Date	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, Construction Authorization is subject to compliance with the provisions of	plat, or the intended use changes	. The Construction Authorization shall not b	e transferred when there is a change in own	nership of the site. This
Construction Authorization is subject to compliance with the provisions of	if the Laws and Rules for Sewage	Treatment and Disposal and to the condition	ons of this permit. SEE A	TTACHED SITE SKETCH
Authorized State Agent	11 101	CONS		
Manorite State Agelit.	manter	Date: _	8-6-10	
\mathcal{O}	Constructio	n Authorization Expiration D	· 6 / ····	

Construction Authorization Expiration Date:

8-6-15



