HTE# 11-5-25938

Harnett County Department of Public Health

Improvement Permit

26409

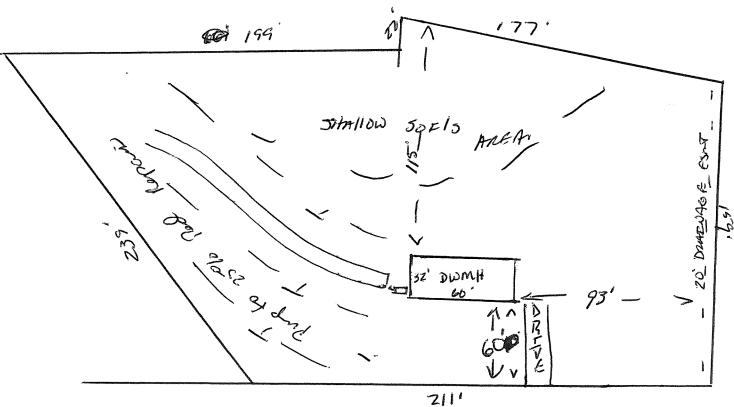
A	building permit cannot be issued with	th only an Improvement	Permit_ Volumen RS			
ISSUED TO! DANNY RAY CARRO	// SUBDIVISION _	1110N201337	YORUSOL 105	LOT # -2		
NEW ✓ REPAIR ☐ EXPANSIO		Site Improvements rea	Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure:DwmH						
Proposed Wastewater System Type: 25% REDUCTION	TON 34570-					
Projected Daily Flow: GPD	, *					
Number of bedrooms: Number of Occu	pants:max					
	South board on Could one Could					
Pump Required: ☐Yes ☐ No ☐ May be requ Type of Water Supply: ☐ Community ☑ Public	ired based on final location and eleva		Di411-1 (
Permit conditions:	— wen distance from wen	reet	Permit valid for:	Five years		
Termit conditions.				☐ No expiration		
	1 PUSE					
Authorized State Agents	Arland Date: _	2-2-		TACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guara site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be	t holder is responsible for che affected by a change in owne	cking with appropriate governing bodies in orship of the site. This permit is subject to	n meeting their requirements. This compliance with the provisions of		
	Construction Au	thorization				
	(Required for Build					
The construction and installation requirements of Rules .1950, .1952, .1			into this permit and shall be met System	s shall he installed in accordance		
with the attached system layout.	,,, ,,,,,,,,,,,,,,,,,,,,,		mes and permit and shall be met. System.	s shall be installed in accordance		
ISSUED TO: DANNY RAY CAR	ROSS PROPERTY	/ LOCATION: <i>SKL</i>	554 Johnson	-RS		
> 45	SUBDIVISI	ON		LOT # <u>2</u>		
Facility Type:	🗹 New 🖵 Expan:	sion 🗌 Repair				
	tures? 🗆 Yes 🗹 No					
Type of Wastewater System** 296 NED (crow dyster		(Initial) Wastewater Flow:	360 GPD		
(See note below, if applicable \square) Manafee						
	win System	(Repair)				
Installation Requirements/Conditions	Number of trenches		6			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	120 feet	Trench Spacing:	Feet on Center		
Pump Tank Size gallons	Trenches shall be installed on c		Soil Cover:6	inches		
	Maximum Trench Depth of:	24 inches	(Maximum soil cover shall	not exceed		
	(Trench bottoms shall be level t	:0 +/-1/4"	36" above the trench bot	tom)		
	in all directions)					
Pump Requirements:ft. TDH vs	GPM			inches below pipe		
			Aggregate Depth: 2	inches above pipe		
Conditions:	The state of the s			1Z inches total		
NATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT, FROM ANY PART OF S	EPTIC SYSTEM OR F	REPAIR AREA.			
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR D			· · · · · · · · · · · · · · · · · · ·			
**If applicable: / understand the system type specified	is different from the type specific	ed on the application.	I accept the specifications of	this permit.		
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan,			Date:			
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Constru	ction Authorization shall not b	e transferred when there is a change in o			
Construction Authorization is subject to compliance with the provisions o	the Laws and Rules for Sewage Treatment an	d Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH		
	MI Lou	yų- >				
Authorized State Agent	Marhortale	Date: .	$\frac{7 - 7 - 1}{2 - 2 - 16}$			
	Construction Author	ization Expiration D	ate: 2-2-16	>		

HTE#	11-	5-	25	938	

Permit # <u>26409</u>

Harnett County Department of Public Health Site Sketch

PROPERT	TY LOCATONS 1854 JOHNSON RD	
ISSUED TO: DANNY RAY CARROLL SUE	IBDIVISIONLOT #	i a
- da/ 1./0	Dolkits	
Authorized State Agent: Jomes & Manhon &	Date: Z - 2 - 11	



STREET