HTE#<u>11-5-2672</u>0

Harnett County Department of Public Health

Improvement Permit

26508

A building	permit cannot be issued with	only an Improvement	Permit (2 De Lle	OPCU DA	
ISSUED TO: Robant CASAFAR	PROPERTY LUCAL SUBDIVISION	MAZELLE S	MAMER UPCH	LOT # 2	
NEW ☑ REPAIR □ EXPANSION □	300011131011		quired prior to Construction Author		
Type of Structure:	B.				
Proposed Wastewater System Type: 25% 706 DUCRA	3				
Projected Daily Flow: <u>340</u> GPD	11			<u> </u>	
Number of bedrooms: Number of Occupants:	<u> </u>				
Basement ☐Yes ☐ No ☐ May be required base	d on final location and eleva	tions of facilities			
	ell Distance from well		Permit valid for:	☐ Five years ☐ No expiration	
i 1	1-ORUS				
Authorized State Agent: Pene EMAN	Date:	6-2-11	SEE ATT	TACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the is site is subject to revocation if the site plan, plat, or the intended use changes. If the Laws and Rules for Sewage Treatment and Disposal and to conditions of this in the Laws are the conditions of the conditions of the conditions of this section.	suance of other permits. The permit e Improvement Permit shall not be	holder is responsible for cho	ecking with appropriate governing bodies in	n meeting their requirements. This	
	Construction Au	<u>thorization</u>		•	
	(Required for Buildi	ing Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 with the attached system layout.	, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. System	s shall be installed in accordance	
ISSUED TO: Robart CASALEN	DDUDEBTA	LOCATION: SA /S	JU Manie 1)	PCHUNGH	
1350ED 10. 2017/02/07 0.777.	CINDIVICIO	IN MATRICE	SEPHONON	INT # 9	
Facility Type:Dwy_H	✓ New ☐ Expans			LUI #	
Basement? Yes No Basement Fixtures?		non 🗀 nepan			
Type of Wastewater System** LS16 NEDUCRON			(Initial) Wastewater Flow:	240 GPD	
(See note below if applicable [])	/		(
28/2 (B)000	W Inter	(Repair)			
Installation Requirements/Conditions Num	er of trenches 3	_, ,			
Septic Tank Size 1000 gallons Exact	length of each trench 9	feet	Trench Spacing:	Feet on Center	
Pump Tank Size gallons Trenc	hes shall be installed on co	ontour at a	Soil Cover: 6	inches	
	num Trench Depth of:	4	(Maximum soil cover shall	not exceed	
	ch bottoms shall be level t		36" above the trench bot	ttom)	
,	directions)			•	
Pump Requirements:ft. TDH vs GPM	,			inches below pipe	
Conditions:			Aggregate Depth:	inches below pipe inches above pipe inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F	r. From any part of S	EPTIC SYSTEM OR	REPAIR AREA.		
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DRAIN					
**If applicable: I understand the system type specified is diff	erent from the type specific	ed on the application	n. I accept the specifications of	this permit.	
Owner/Legal Representative Signature:			Date:		
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This					
Construction Authorization is subject to compliance with the provisions of the Law				ATTACHED SITE SKETCH	
Authorized State Agent:		2 roug			
Authorized State Agent:	shope of	Date:	6-2-11		

Construction Authorization Expiration Date: ___

Harnett County Department of Public Health Site Sketch

	ISSUED TO: Zobant Lasaten PROPERTY LOCATON: SNC 1514 Manie UPC1+0 SUBDIVISION Mazelle STEPHENSEN	NC4 17D LOT # 2
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