HTE# 12-5-284112

Harnett County Department of Public Health

26956

Improvement P	<u>'ermit</u>
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	A bui	lding permit canno					
C	1		PROPERTY LOC	ATION: Ma	<u>n och</u>	iazo Ro	
ISSUED TO: CHRISTINE			SUBDIVISION _				LOT # 1
	EXPANSION			Site Improve	ments requ	uired prior to Construction Author	ization Issuance:
Type of Structure: Man. 1-20	17 (2014	14/					
Proposed Wastewater System Type:	STO REDUCE	ION JYSTE	-m				
Projected Daily Flow: 360	GPD	6					
	Number of Occupant	s:r	nax				
Basement IYes KNo		tand on Carl Is			•		
	May be required					Dennis valid for	
Type of Water Supply: Community		i weli Distanc	e from well	100	reet	Permit valid for:	Five years
Permit conditions:							\Box No expiration
	HH.						
Authorized State Agentu	Call -	REHS	Date: _	31)13		SEE AT	ACHED SITE SKETCH
Authorized State Agent:: The issuance of this permit by the Health Departme	ent in no way guarantees						
site is subject to revocation if the site plan, plat, o							
the Laws and Rules for Sewage Treatment and Dispe							
		Constru	iction Au	ithorizati	ion		
The construction and installation requirements of Ru	dec 1050 1057 1054		uired for Build		, roforoncor i	nto this normit and shall be mot Sustam	chall be installed in accordance
with the attached system layout.	nes .1750, .1752, .1754,	.1733, .1730, .1737, .	.17J0. aliu .17J7 a	are incorporated by	f Telefellues II	nto this permit and shall be met. system:	s shall be instaned in accordance
, ,						0	
ISSUED TO: CHIQUETINE	MILLIAM	5	PROPERT	Y LOCATION: .	m	JOUGALO KD	
ISSUED TO: CMQJSTINE			SUBDIVIS	ON ORN	1 KUL	C. WILLIAMS	LOT #
Facility Type: Man Hume	(XXX)	🔀 New	🗌 Expan	ision 🗆			
Basement? Ves X No	Basement Fixture	s? 🗆 Yes	No '				
Basement? □ Yes ∞ No Type of Wastewater System** →	5% RE01	JUNION	SYSTE,	Ś		(Initial) Wastewater Flow:	340 GPD
(See note below, if applicable \Box)						(
	5% REDI	1 ATION -1		(Ronair)			
		lumber of trench		(nepair)			
Installation Requirements/Conditions	יי יי	xact length of e		1	6	Trench Spacing:	T , C ,
Septic Tank Size 1000 gal		-			_ teet	irench spacing:	
Pump Tank Size gal	lons I	renches shall be					inches
		laximum Trench			inches	(Maximum soil cover shall	
	(Trench bottoms :	shall be level	to +/-1/4"		36" above the trench bot	tom)
	i	n all directions)					
Pump Requirements:ft.		GPM					inches below pipe
· · · · · · · · · · · · · · · · · · ·	ter an an ann an an Ann Ann					Aggregate Depth:	
Conditions:							inches total
conditions.				-			

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.							
Owner/Legal Representative Signature: Date:							
This Construction Authorization is subject to revocation if the site plan, plan 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 provision of the Law and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH							
Authorized State Agent: Construction Authorization Expiration Date:							

