HTE# 13-5-30611

Harnett County Department of Public Health

Improvement Permit

27248

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: メルンシー					
ISSUED TO: LOVES + KAthryn Al	PROPERTY LOCATION:	5/L/559V	OFFICION (C)	LOT #	
NEW REPAIR EXPANSION	TO SUBDIVISION	Improvements regu	ired prior to Construction		
Type of Structure: Dwat		improvements requ	med prior to construction	Additionization issuance.	
Proposed Wastewater System Type: 25% 2550000	50 Su362				
Projected Daily Flow: GPD	7				
Number of bedrooms: 3 Number of Occupa	ınts: 💪 max				
Basement □Yes ☑ No					
Pump Required: □Yes □ No ☑ May be requir	ed based on final location and elevations	of facilities			
Type of Water Supply: Community Public	☐ Well Distance from well	feet	Permit valid	•	
Permit conditions:				☐ No expiration	
5 0/1	1 A A	2-22-1	₹	EE ATTACHED CITE CVETCU	
Authorized State Agent: The issuance of this permit by the Health Department in no way guarant	Anhant Date:	is responsible for the	king with appropriate governing	EE ATTACHED SITE SKETCH	
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be affected	by a change in owner	ship of the site. This permit is su	bject to compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to conditions		, ,			
	Construction Author	rization			
	(Required for Building P	***************************************			
The construction and installation requirements of Rules .1950, .1952, .19			nto this permit and shall be met	. Systems shall be installed in accordance	
with the attached system layout.	, , , , , , , , , , , , , , , , , , ,	,	•	•	
ISSUED TO: LOVES + KASHARYN AI	three PROPERTY LOC	ATION: 57U5	54 Johnson	1215	
133025 10.	NOIZIVIDAUZ			LOT # /	
Facility Type: Dwm/+	New Expansion				
Basement? Yes No Basement Fixt					
Type of Wastewater System** 25% 12573	MDA) Sestion		(Initial) Wastewater	Flow: 360 GPD	
(See note below, if applicable \square)	Cita R System		(minut) ***abov**acov		
(see note below, if applicable)	200 Section / 101 to A CABO	naid).			
Luckellasian Danvinamenta (Canditiana	Number of trenches 3	100)			
			Trench Spacing:9	Foot on Contar	
Septic Tank Size 1000 gallons	Exact length of each trench		Soil Cover:		
Pump Tank Size gallons	Trenches shall be installed on contou	ir at a			
	Maximum Trench Depth of: 29		(Maximum soil cover		
	(Trench bottoms shall be level to +	/-1/4"	36" above the tren	ch bottom)	
	in all directions)				
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe	
			Aggregate Depth:	inches above pipe	
Conditions:				<u> 12</u> inches total	
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPT	IC SYSTEM OR F	REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D					
			1		
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.					
D. Co.					
Owner/Legal Representative Signature:			Date:	i	
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 Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH					
Constitution in additional to subject to Companie that the Parties and the Companie that the Parties and the Companie that the Parties and the Companie that					
Authorized State Agent: Date: 2-27-13					
Authorized State Agent: Date: 2-27-13 Construction Authorization Expiration Date: 2-22-13					
Construction Authorization Expiration Date: 2-22-13					

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 52	USSY JOITUSO	1 nd
ICCUED TO. LOUTS & KNILLIZAD ALTONOM SUBDIVISION		LOT #
Authorized State Agent Jones 2 Marshande 2543	Date:	2-22-13
Authorized State Agent.		

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