30454

## HTE# 5501901-0018 Harnett County Department of Public Health

Improvement Permit

Lievor osserac	g permit cannot be issued w	CATION: 3925	old staye 1	W. S. (SNIAG)
ISSUED TO: T+L Coats, uc	SUBDIVISION			
NEW ☐ REPAIR ☐ EXPANSION ☐		Site Improvements re	quired prior to Construction A	uthorization Issuance:
Type of Structure: 3BN 57' × 48'41'				*112
Proposed Wastewater System Type: 25% Nedoc	tion			
Projected Daily Flow: GPD			***************************************	
Number of bedrooms: Number of Occupants: _	max			
Basement Yes No				
Pump Required: ☐Yes ☐ Ho ☐ May be required bas	ed on final location and ele	vations of facilities		
Type of Water Supply:   Community   Public   N	/ell Distance from well _	NA feet	Permit valid for	r: 4 Five years
Permit conditions:				☐ No expiration
Authorized State Agent::	1445 Date:	02/01		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes. I the Laws and Rules for Sewage Treatment and Disposal and to conditions of this	he Improvement Permit shall not b	nit holder is responsible for ch e affected by a change in own	ecking with appropriate governing boo ership of the site. This permit is subje	lies in meeting their requirements. This cct to compliance with the provisions of
	Construction A			
7	(Required for Buil			
The construction and installation requirements of Rules .1950, .1952, .1954, .195 with the attached system layout.		are incorporated by references	into this permit and shall be met. Sy	rstems shall be installed in accordance
Lnokot Burel	root			
ISSUED TO: T+ L Couts, U	PROPER!	TY LOCATION: 3	125 Old Stone	11 5/3/17/3
	CIIRDIVIC	ION	of City of C	LOT #
Facility Type: 3BN 571×481411 5=0	☐ New ☐ Expan	nsion   Repair		ΕΟΙ #
Basement?  Yes  Basement Fixtures?		iisioii 🗀 nepaii		
Application of the second seco			/I 1/2 IV M/	2/ ( ) (00
• • • • • • • • • • • • • • • • • • • •	DAUCETON.	375.	(Initial) Wastewater Flo	ow: GPD
(See note below, if applicable □)		2025		
Pump to 25%				
	per of trenches			
	length of each trench _		Trench Spacing: $9$	Feet on Center
Pump Tank Size gallons Trend	hes shall be installed on	contour at a	Soil Cover: 10	inches
Maxii	num Trench Depth of:	22 inches	(Maximum soil cover sh	all not exceed
	ch bottoms shall be level		36" above the trench	
	directions)		30 above the trenen	bottom)
Pump Requirements:ft. TDH vs GPM	directions			1 A Smakes Kalaus alas
1 dilly nequirements1t. 1011 45 0111			A	inches below pipe
Conditions: Power + water shall	follow left	property lin	Aggregate Depth:	inches above pipe
WATER LINES (INCLUDING IDDICATION) MUST BE 100	EDOM ANY DART OF	CEDTIC CVCTCM OD I	DEDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F		SEPTIC STSTEM UK I	CEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN I	TELD AREA.			
**If applicable: I understand the system type specified is diffe	erent from the type specif	fied on the application.	I accept the specifications	of this permit.
Owner/Legal Representative Signature:	intended like change. The Court	uction Authorization shall are 1	Date:	in augustin of the lite Th
Construction Authorization is subject to compliance with the provisions of the Laws				SEE ATTACHED SITE SKETCH
-j The same protocols of the Land	The straight freatment a	suspense and to the collect	one or this permit.	ATTACIED SHE SKEICH
Authorized State Agent:	Wellen,	NEHS Date:	08/01/2010	7
A . D . =	Construction Author	rization Expiration D	ato: 02/01/200	W.

## Harnett County Department of Public Health Site Sketch

