HTE#5FD 1904-0035 Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued wit	th only an Improvement	Permit 7	
ISSUED TO: MERITAN HAR HA	PROPERTY LOCA	Cedan Ru	Cokesbury RD	107.44./
NEW REPAIR EXPANSIO	JN 🗆 NOISIVINGO	Sita Improvements rec	uired prior to Construction Authoriz	LOT # _ _
Type of Structure:	м —	are improvements rec	ured prior to construction Authoriz	zation issuance:
Proposed Wastewater System Type: 25% 766	Varion	P		
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occu	pants: 8 max			
Basement Yes No		·		
Pump Required:	iired based on final location and eleva	ations of facilities		
	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
	1 DEAR			
Authorized State Agent:	1.400	5-9-19	CEC ATTA	CUED CITE CUETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit		SEE ALIA	CHED SITE SKETCH
site is subject to revocation the site plan, plat, or the intended use	changes. The Improvement Permit shall not be	affected by a change in owne	rship of the site. This permit is subject to co	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	as of this permit	,		
	Construction Au	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958, and .1959 ar	re incorporated by references	nto this nermit and shall he met Systems s	hall he installed in accordance
with the attached system layout.			the this permit and shall be met. Systems s	man be instance in accordance
ISSUED TO: MOINING STAIR Home	DDODEDTV	100171011 54 111	13011	20
1350ED 10: 10 DIGWING THE FROM	PROPERTY	LUCATION: OF 19	Bock 8	RIS
Facilities Toron	ZORDIAIZIO		rock 0	LOT # _ ©
Facility Type:	New Expans	ion 🗆 Repair		
Basement? Yes No Basement Fix				100
Type of Wastewater System** 259 250	VULUNDY STIST		(Initial) Wastewater Flow: _	988 GPD
(See note below, if applicable □)	0 0 / 1			
25% 160	2	_(R epair)		
Installation Requirements/Conditions	Number of trenches		9	
Septic Tank Size 1200 gallons	Exact length of each trench	33 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	ontour at a	Soil Cover: in	ches
	Maximum Trench Depth of:	6-18 inches	(Maximum soil cover shall no	ot exceed
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench botto	m)
	in all directions)		-	,
Pump Requirements:ft. TDH vs	_ GPM		4	inches below pipe
2			Aggregate Depth: Z	inches above pipe
Conditions: Contractor to cont	THOT E.H. Prin	to INSTAL	/ 12	2 inches total
NATER LINES (INCLUDING IRRIGATION) MUST E	RE THE ERUM ANY PART HE CO	EDTIC CACLEM UD D	EDAID ADEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		LITIC SISIEM OK K	EFAIR AREA.	
**If applicable: I understand the system type specified	is different from the type specifie	d on the application.	I accept the specifications of the	is permit.
		5.5		*
Owner/Legal Representative Signature:			Date:	
his 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.				
	1 1 1-760	8		
Authorized State Agent: 2002 Z	Anna TERE	Date:	5-9-19	
	Construction Authori	zation Expiration Da	5-9-19 ite: 5-9-24	
	Constitution Authori	Lacion Expiration Do	1 1-61	

Harnett County Department of Public Health Site Sketch

ISSUED TO: MURLET STAZ Amore	PROPERTY LOCATON: 32/403 Colorsbury 20
Authorized State Agent	PROPERTY LOCATON: 32/403 Cokosburg RD SUBDIVISION CORAN North DOT# 6 Lan Lan Roses Date: 5-9-15
Authorized State Agent.	
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The state of the s	apone Trail