30421

HTE# B185 1902-0037

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

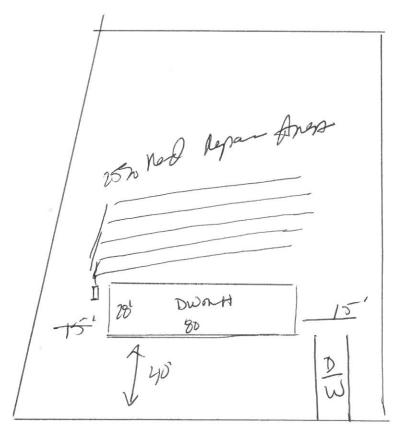
BUA F	<i>l</i> - · -				5 010 5		0
=	exprises 7	SUBDIVI			2 Esta		LOT # <u>18</u>
NEW REPAIR	um H		Site Im	provements re	quired prior to Co	istruction Author	ization Issuance:
Type of Structure: Proposed Wastewater System Type:		- 4					
Projected Daily Flow: 480	O GPD	Cru-					
Number of bedrooms:	Number of Occupants	: & max					
Basement Yes No	_ number or occupants	IIIax					
Pump Required: ☐Yes ☐ No	May be required	based on final location ar	nd elevations of	facilities			
Type of Water Supply: Commun		Well Distance from v			Per	mit valid for:	Five years
Permit conditions:							☐ No expiration
		. /	20 0				•
Authorized State Agent:	22 N/m	sof De	Date:	3-26	-15	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health De	partment in no way guarantees						
site is subject to revocation if the site plan,	plat, or the intended use change	s. The Improvement Permit shall	I not be affected by	a change in own	ership of the site. This	permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment an	d Disposal and to conditions of	this permit					
		C	A 41			2.5.38	
		Construction					
			r Building Pern				
The construction and installation requirements with the attached system layout.	i of Rules .1950, .1952, .1954, .	.1955, .1956, .1957, .1958. and	.1959 are incorpor	ated by references	into this permit and s	aall be met. Systems	shall be installed in accordance
ISSUED TO: BVA FAL	enprises I	WZ PRO	OPERTY LOCATI	ON: ST	765 0	DSA	66730
Facility Type: Dw)	n H				larel	state	2_ LOT # 18
		_	Expansion	☐ Repair			
Basement? Yes No			100000	,			106-
Type of Wastewater System**	250 N	dute	545+	-6-	(Initial) Was	tewater Flow:	480 GPD
(See note below, if applicable	1)	0-4	,				
E - H - 2 B - 2	co nic	dine	(Repai	r)			
Installation Requirements/Condition		umber of trenches	5 00			9	
Septic Tank Size 1200	The state of the s	cact length of each tren			Trench Spacing	/	Feet on Center
Pump Tank Size	•	enches shall be installed		_	Soil Cover:	and the same of th	inches
		aximum Trench Depth o				oil cover shall r	
	(T	rench bottoms shall be	level to $\pm /-1$	/4"	36" above	the trench bott	.om)
		all directions)					
Pump Requirements:	_ft. TDH vs G	PM				_ ~	inches below pipe
					Aggregate Dep	th: 2	inches above pipe
Conditions:			0.000			_/	inches total
WATER LINES (INCLUDING IRR	(IGATION) MUST BE 1	OFT. FROM ANY PART	T OF SEPTIC S	SYSTEM OR	REPAIR AREA.		
NO UTILITIES ALLOWED IN INI	TIAL OR REPAIR DRAI	N FIELD AREA.					
**If applicable: / understand the s	ystem type specified is	different from the type	specified on th	he application	. I accept the sp	ecifications of 1	this permit.
,	,, , , , , , , , , , , , , , , , ,	71	1	,,	, ,		and the second second
Owner/Legal Representative Signat	ture:				Da	ate:	
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 compl	ance with the provisions of the	Laws and Rules for Sewage Trea	tment and Disposal	and to the condit	ions of this permit.	SEE	ATTACHED SITE SKETCH
3 1 LOVENS							
Authorized State Agent: Date: 3 26-19							
Authorized State Agent: Date: 3 26-14 Construction Authorization Expiration Date: 3 26-14							

HTE#	B	RES	1902-	0037

Permit # <u>30420</u>

Harnett County Department of Public Health Site Sketch

7.101	PROPERTY LOCATON: 82 170	3 0710	STAGERS
ISSUED TO: BROWN BVA GUKRPUS	o CLESUBDIVISION Tower	Coul Bo	tota LOT # 18
Authorized State Agent: EMA			



Tylogogan Goden RD