HTE# 15-5-35458

Harnett County Department of Public Health

28228

Improvement Permit

A building	permit cannot be issued with only an Improvement Permit					
B 12	PROPERTY LOCATION: 5 1907 WADE STEPHENDED I					
ISSUED TO: Bryon Finches	subdivision field the	LOT # <u>_</u> 3				
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorizat	tion Issuance:				
Type of Structure:						
Proposed Wastewater System Type: 2590716100700	18412					
Projected Daily Flow: 486 GPD	6 —					
Number of bedrooms: Number of Occupants:	 max					
Basement Yes No						
	ed on final location and elevations of facilities					
Type of Water Supply: Community Public W Permit conditions:	'ell Distance from well feet Permit valid for:	☐ Five years ☐ No expiration				
Autorial Sun Autori	Date: 3-Z-15- SEE ATTACH	IFA CITE CUETCH				
Authorized State Agent: The injuries of this parmit by the dealth Department in no way guarantees the i	Date: 3 - Z - 1 S SEE ATTACH ssuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in mee	IED SITE SKETCH				
site is subject to revocation of the site plan, plat, or the intended use changes. The Laws and Rules for Sewage Treatment and Disposal and to conditions of this p	e Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to com	eting their requirements. And				
	Construction Authorization					
	(Required for Building Permit)					
The construction and installation requirements of Rules .1950, .1952, .1954, .1955 with the attached system layout.	, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall	ll be installed in accordance				
ISSUED TO: Bayon Fircher	PROPERTY LOCATION 3/407 WARRSTRIVERS	M KD				
	SUBDIVISION	LOT # <u>-3</u>				
Facility Type:	□ New □ Expansion □ Repair					
Basement? Yes No Basement Fixtures?	□ Yes □ No					
Type of Wastewater System** 25% 77500000	Systa (Initial) Wastewater Flow: 4	<u>්සිට</u> GPD				
(See note below, if applicable □)						
CPP Repre	(Repair)					
Installation Requirements/Conditions Numb	er of trenches					
	<u> </u>	eet on Center				
•	thes shall be installed on contour at a Soil Cover: inch					
	110 M					
•	th bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom)				
	directions)					
Pump Requirements:ft. TDH vs GPM		inches below pipe inches above pipe				
TC 7	Aggregate Depth:	inches above pipe				
Conditions: It Munh = 13 ra-	T STUBBLED DUT AT GRADB 12	inches total				
a Brick left Conven Promy	may Be Regulard.					
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F1 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	Aggregate Depth: 2 7 STUBBLES DOT AT GRANDS 12 Non Be Regional. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.					
**If applicable: / understand the system type specified is diffe	rent from the type specified on the application. I accept the specifications of this	permit.				
Owner/Legal Representative Signature:	Date:					
rins construction Authorization is subject to revocation if the site plan, plat, or the	microuse use changes. The Construction Authorization shall not be transferred when there is a change in owner.	Ship 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.	ACHED SITE SKETCH				
Authorized State Agent: S	Date: 3-2-15 Construction Authorization Expiration Date: 3-2-20	_				
Construction Authorization Expiration Date:						

HTE# 15-5-35458

Permit # <u>2822 8</u>

Harnett County Department of Public Health Site Sketch

		_ ,	PROPERTY LOCATON:	50,1407 WA	DOSTOPIH	ENSON)
ISSUED TO:	DMAN	Fircher	SUBDIVISION _	Snyll War Meldston	-e	LOT #<
	10. 1	~ A		,		
Authorized State	e Agent	5 5 M	Arhant	Date:	3-2-15	
	° 77	, ,				

