30362

HTE# BRES1901-0003

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement	nt Permit					
ISSUED TO: JOHNSON, KAITLYN SUBDIVISION 1480						
	LOT #					
Type of Structure: Man. Home (64.30)	required prior to Construction Authorization Issuance:					
Proposed Wastewater System Type: 25% REDUCTION STS.						
Projected Daily Flow:360GPD						
Number of hidrony 3						
Basement Yes No						
Pump Required: Yes No May be required based on final location and elevations of facilities						
Type of Water Supply: Community Public Well Distance from well feet	Permit valid for: Five years					
Permit conditions:	No expiration					
11. 22	ho expiration					
Authorized State Agent:: Date: 1 24) 19	SEE ATTACHED SITE SKETCH					
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for	checking with appropriate governing bodies in meeting their requirements. This					
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of						
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.						
Construction Authorization						
(Required for Building Permit)						
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by reference	es into this permit and shall be met. Systems shall be installed in accordance					
with the attached system layout.	and the printed and than the med systems shall be instance in accordance					
ICHED TO Tay is You Tay	00 C 0					
ISSUED TO: JOHNSON, KAITUYN PROPERTY LOCATION: 14	80 CLARE 180					
Facility Type: MAN. Home (64'30) New Expansion Repai	r					
Basement? Yes No Basement Fixtures? Yes No						
Type of Wastewater System** 25% REDUCTION SYSTEM	(Initial) Wastewater Flow: 360 GPD					
(See note below, if applicable \square)						
25% REDICTION SYSTEM (Repair)						
Installation Requirements/Conditions Number of trenches 3						
Septic Tank Size 1000 gallons Exact length of each trench 75 feet	Trench Spacing: Feet on Center					
Pump Tank Size gallons Trenches shall be installed on contour at a	Soil Cover: 10-6 inches					
Maximum Trench Depth of: inches	(Maximum soil cover shall not exceed					
(Trench bottoms shall be level to $\pm -1/4$ "	36" above the trench bottom)					
in all directions)	*					
Pump Requirements:ft. TDH vs GPM	inches below pipe					
3 (300) 5 (300)	Aggregate Depth: inches above pipe					
Conditions						
Conditions:	inches total					
WATER LINES ANGLUENIA IRRIGATIONA MUST BE LOTT FROM MAY REPORT OF STREET						
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.					
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.						
**If applicable: I understand the system type specified is different from the type specified on the application	n I count the consideration of this count					
applicable. I understand the system type specified is unferent from the type specified on the application	n. I accept the specifications of this permit.					
Ourse/Local Beautopation Comment						
Owner/Legal-Representative Signature:	Date:					
Owner/Legal-Representative Signature:						
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.						
Authorized State Agent: Date: 1/24/19						
Construction Authorization Expiration Date: 12424						

Harnett County Department of Public Health Site Sketch

ISSUED TO: JOHNSON, KA	コアレソフ	PROPERTY LOCATON:_ SUBDIVISION	1480 CLAR	c &	LOT #
Authorized State Agent:	2675	OLIVER TOLKS	Date:	1/24/19	
*FUTURE POOL AND STORAGE BUILDING IN REAR	ヨく・カひ	550' 25' 26' 26' 26' 26'			