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HTE# Bles 1902 - 0036 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit SUBDIVISION REVENIENDE POSTAGES 17D ISSUED TO: NEW 🔽 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ 28 Du Roal Proposed Wastewater System Type: ___ Projected Daily Flow: 480 Number of Occupants: Number of bedrooms: May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: 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 references into this permit and shall be met. Systems shall be installed in accordance ISSUED TO: BURNETTE Properties

PROPERTY LOCATION: 52765 OVD STYGES TED

SUBDIVISION Parelland Estates LOT #

Expansion Repair SUBDIVISION Reverland 65 titles 10T# Basement Fixtures? Yes No Basement? Yes 25% Reduction System (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable

) Installation Requirements/Conditions Number of trenches Septic Tank Size 1200 gallons Exact length of each trench 200 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 22-318 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. GPM Conditions: 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. I accept the specifications of this permit. Owner/Legal Representative Signature: 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 compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 3-26-24

Harnett County Department of Public Health Site Sketch

			PROPERTY LOCATON:	L1769 618	STAKOB DI	\
ISSUED TO:	BURNEAR	Properties 166	SUBDIVISION 72	verenel	GSTAtes	LOT # 25
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