Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

| ISSUED TO: Barbara Jacobs-Moore | THOTERT ECCHION. O.O | 4 Hillmon Grove | 114 | |
|---|--|---|---|---|
| | SUBDIVISION | | | LOT # |
| NEW REPAIR EXPANSION | Site Improv | ements required prior to Con | struction Authorization | Issuance: |
| Type of Structure: Man Home (16'x76') | | | | |
| Proposed Wastewater System Type: Conventional | | | | |
| Projected Daily Flow: 360 GPD | | A | | |
| Number of bedrooms: 3 Number of Occupants: | <u>6</u> max | | | |
| Basement Yes No | | | | |
| | ased on final location and elevations of facili | | (n | |
| | Well Distance from well | feet Pern | | Five years |
| Permit conditions: | | | L | No expiration |
| A B | | | | |
| Autorial Company | | 040 | | |
| | Date: 11/21/20 | | SEE ATTACHED | SITE SKETCH |
| The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes, the Laws and Rules for Sewage Treatment and Disposal and to conditions of the | The Improvement Permit shall not be affected by a chi | ange in ownership of the site. This p | governing bodies in meeting ermit is subject to complian | their requirements. This ce with the provisions of |
| | Construction Authorizat | ion | | |
| | | <u>1011</u> . | | |
| The construction and installation requirements of Rules . 1950, . 1952, . 1954, . 15 | (Required for Building Permit) | | | M. P. |
| with the attached system layout. | 55, 1750, 1757, 1750. and 1755 are incorporated b | y references into this permit and sh | all De met. Systems shall De | installed in accordance |
| ISSUED TO: Barbara Jacobs-Moore | PROPERTY LOCATION: | 3194 Hillmon G | rove Rd | |
| | SUBDIVISION | | | LOT # |
| Facility Type: Man Home (16'x76') | Account to the second of the s | Repair | | |
| Basement? Yes No Basement Fixtures? | | nepun | | |
| Type of Wastewater System** Conventional | | (Initial) Wast | awatar [law: 360 | CDD |
| (See note below, if applicable () | | (IIIIIIai) Wasi | ewater Flow: 360 | GPD |
| Conventional | (8) | | | |
| | (Repair) | | | |
| | nber of trenches 1 | 2 1 2 | _ | |
| | ct length of each trench 240 | | 9 Feet o | on Center |
| Pump Tank Sizegallons Trer | iches shall be installed on contour at a | Soil Cover: 6 | inches | |
| Max | imum Trench Depth of: 18 | | | |
| | inium rench beput of. 10 | _inches (Maximum soi | cover shall not exc | eed |
| | nch bottoms shall be level to +/-1/4" | Acceptance Acceptance server | cover shall not exc | eed |
| (Tre | nch bottoms shall be level to +/-1/4" | Acceptance Acceptance server | | eed |
| (Tre in a | nch bottoms shall be level to +/-1/4" Il directions) | Acceptance Acceptance server | cover shall not exc ne trench bottom) | |
| (Tre in a | nch bottoms shall be level to +/-1/4" Il directions) | 36" above th | cover shall not exc ne trench bottom) | inches below pipe |
| (Tre in a Pump Requirements:ft. TDH vsGPP | nch bottoms shall be level to +/-1/4" Il directions) 1 | Acceptance Acceptance server | cover shall not exc ne trench bottom) | inches below pipe inches above pipe |
| (Tre in a Pump Requirements:ft. TDH vsGPP | nch bottoms shall be level to +/-1/4" Il directions) 1 | 36" above th | cover shall not exc ne trench bottom) | inches below pipe |
| (Tre in a | nch bottoms shall be level to +/-1/4" Il directions) 1 FT. FROM ANY PART OF SEPTIC SYSTI | 36" above the Aggregate Depth | cover shall not exc ne trench bottom) | inches below pipe inches above pipe |
| (Tre in a Pump Requirements:ft. TDH vsGP! Conditions: VATER LINES (INCLUDING IRRIGATION) MUST BE 101 IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN | nch bottoms shall be level to +/-1/4" Il directions) 1 FT. FROM ANY PART OF SEPTIC SYSTE | Aggregate Depth | l cover shall not exc ne trench bottom) | inches below pipe inches above pipe inches total |
| Pump Requirements:ft. TDH vsGP! Conditions: VATER LINES (INCLUDING IRRIGATION) MUST BE 10! IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN *If applicable:tunderstand_the_system_type_specified_is_dir. | nch bottoms shall be level to +/-1/4" Il directions) 1 FT. FROM ANY PART OF SEPTIC SYSTE | Aggregate Depth Aggregate Depth M OR REPAIR AREA. | cover shall not except the trench bottom) | inches below pipe inches above pipe inches total |
| (Tre in a Pump Requirements:ft. TDH vsGP! Conditions: VATER LINES (INCLUDING IRRIGATION) MUST BE 101 IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN *If applicable: | Il directions) To the second of the second of the applications of the second of the second of the applications of the second of the applications of the second of the sec | Aggregate Depth Aggregate Depth EM OR REPAIR AREA. plication. / accept the spec | cifications of this per | inches below pipe inches above pipe inches total inches total |
| (Tre in a Pump Requirements:ft. TDH vsGP! Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10! IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN "If applicable: _I understand the system type specified is discovered by the system type specified by the system typ | Il directions) T. FROM ANY PART OF SEPTIC SYSTEFIELD AREA. If the intended use changes. The Construction Authorization | Aggregate Depth Aggregate Depth M OR REPAIR AREA. Date of the specification. I accept the specification of the | cifications of this per | inches below pipe inches above pipe inches total inches total |
| (Tre in a Pump Requirements:ft. TDH vsGP! Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10! NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN **If applicable: | Il directions) T. FROM ANY PART OF SEPTIC SYSTEFIELD AREA. If the intended use changes. The Construction Authorization | Aggregate Depth Aggregate Depth M OR REPAIR AREA. Date of the specification. I accept the specification of the | cifications of this per | inches below pipe inches above pipe inches total inches total |
| Pump Requirements:ft. TDH vsGP! Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 101 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN Telf applicable: | Il directions) The second of the second of the application of the second of the secon | Aggregate Depth Aggregate Depth EM OR REPAIR AREA. Dat Shall not be transferred when there the conditions of this permit. | cifications of this per | inches below pipe inches above pipe inches total inches total |
| (Tre in a Pump Requirements:ft. TDH vsGP! Conditions: WATER LINES (INCLUDING IRRIGATION) MUST BE 10 | Il directions) T. FROM ANY PART OF SEPTIC SYSTEFIELD AREA. If the intended use changes. The Construction Authorization | Aggregate Depth Aggregate Depth M OR REPAIR AREA. Date: 11/21/2019 | cifications of this per | inches below pipe inches above pipe inches total inches total |

Harnett County Department of Public Health Site Sketch

| roperty Location: 3194 Hillmon Grove Rosued To: Barbara Jacobs-Moore | Subdivision | Lot # |
|--|--|------------------|
| | | |
| uthorized State Agent: | RENS COLIVER TOLKSDOR | Date: 11/21/2019 |
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| | HILLMON GROVE ED | |
| | HILLIAN | |

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.