Harnett County Department of Public Health

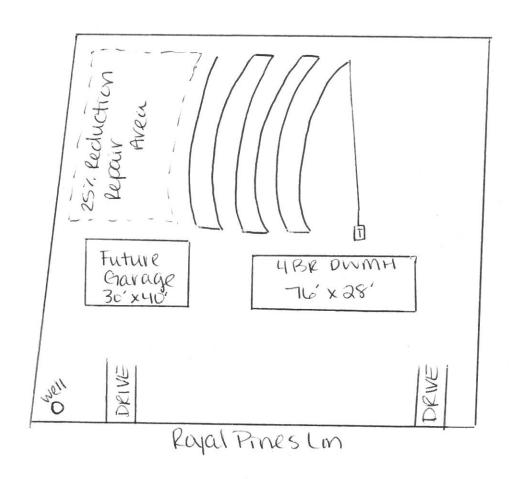
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

KKUED TO LOSSIAN DO	- leaved		TION: 78 Roya	Pines Ln	
ISSUED TO: Jeffrey Bou		SUBDIVISION			LOT #
NEW REPAIR [Type of Structure: DWMH			Site Improvements r	equired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Typ					
Projected Daily Flow: 480	GPD GPD				
Number of bedrooms: 4	Number of Occupants: 8	max			
Basement Yes No					
Pump Required: Yes 🗵 N		inal location and eleva	tions of facilities		
	nunity 🗵 Public 🗌 Well 1	Distance from well <u>50</u>	O+ feet	Permit valid for:	▼ Five years
Permit conditions:					No expiration
Authorized State Agent::	Bath Cich REHS	S-I Date:	1/23/2020	CEE ATT	TACHED SITE SKETCH
The issuance of this permit by the Health	Department in no way guarantees the issuance of	of other permits. The permit	holder is responsible for ch	necking with annungiate governing hodies in	meeting their requirements. This
site is subject to revocation it the site pla	n, plat, or the intended use changes. The Improv	ement Permit shall not be	effected by a change in own	nership of the site. This permit is subject to	compliance with the provisions of
the Laws and rules for sewage freatment	and Disposal and to conditions of this permit.				
	Con	stunction A.	da a ulta a di a a		
	COL	istruction Au			
The construction and installation consists	1201 2101 4101 C101 0101 which he were	(Required for Buildin	ng Permit)		
with the attached system layout.	ents 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
ICCUED TO LOFFRON DON	المسم مام				
ISSUED TO: Jeffrey Bou	cnard			oyal Pines Ln	
Facility Type: D\MMH 76	'v20'	ZUBDIAIZIO			LOT #
Facility Type: DWMH 76 Basement? Yes		ew Expansi	on 🗌 Repair		
Basement? Yes X Type of Wastewater System**	No Basement Fixtures? Tyes 25% Reduction	⊠ No		4 1 1 4 1 4 1	No section (Administra
(See note below, if applicable [(Initial) Wastewater Flow:	480 GPD
(see note below, if applicable L	25% Reduction		(Parais)		
Installation Requirements/Condit		ronchos 1	(nepair)		
Septic Tank Size 1000		of each trench 20	0 600	Transh Caraina O	r
Pump Tank Size	8	Il be installed on con		Trench Spacing: 9 Soil Cover: 6	
Tomp rank size	· ·	ench Depth of: 18		(Maximum soil cover shall r	
		oms shall be level to		36" above the trench bott	
	in all direction		. /-1/4	TO above the trench bott	oili)
Pump Requirements:		, , , , , , , , , , , , , , , , , , ,			inches below pipe
				Aggregate Depth:	inches above pipe
Conditions:				Aggregate Deptil.	inches total
					miches total
WATER LINES (INCLUDING IR	RIGATION) MUST BE 10FT. FROM	A ANY PART OF SE	PTIC CYCTEM OD I	DEDAID ADEA	
AL NI DEWOLLA PETTILITI ON	IITIAL OR REPAIR DRAIN FIELD A	DEA .	I IIC 3131EM OK I	ALTAIN ANEA.	
**It applicable: I understand the	system type specified is different fro	om the type specified	on the application.	I accept the specifications of the	his permit.
0 //					
Owner/Legal Representative Sign				Date:	
Construction Authorization is subject to	revocation if the site plan, plat, or the intended pliance with the provisions of the Laws and Rules	use changes. The Construction	on Authorization shall not b	be transferred when there is a change in ow	
The state of the s	promise with the provisions of the Laws and Rules	tor sewage treatment and	visposal and to the condition	ons of this permit.	ATTACHED SITE SKETCH
Authorized State Agents	Tatt Meh o	EHS-I	D	1/22/2020	
Authorized State Agent:	7		10 CONT. 10 TO 10 TO 10 TO	1/23/2020	
	Lo	nstruction Authoriz	ation Expiration D	ate: 1/26/2025	24

Harnett County Department of Public Health Site Sketch

Property Location: 18 KCYAI PINES LD.			
Issued To: Deffrey Bouchard Subdivision_		Lot	 #
Authorized State Agent: Both Cloh REHS +	Date: _/	23	2020



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