Harnett County Department of Public Health

HTE# 13-5-31148

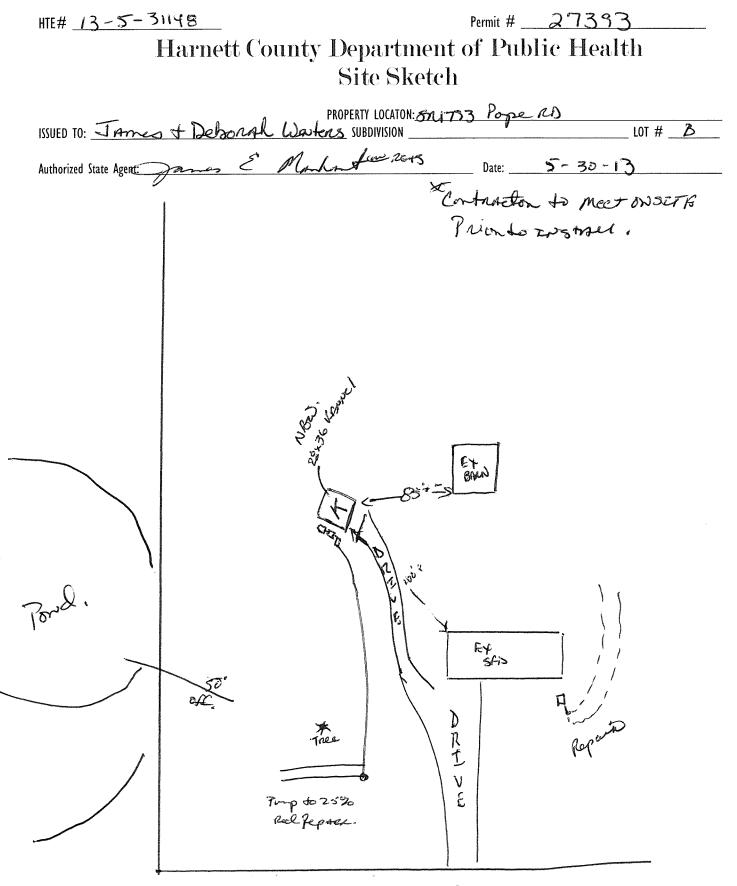
27393

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit |
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| ISSUED TO: JAmes + Debouch WINTERS SUBDIVISION LOT # B |
| NEW REPAIR EXPANSION Ste Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: <u>DOG KENNE (- BOARDENG</u> |
| Proposed Wastewater System Type: Pump to 25% NB-BULION |
| Projected Daily Flow: 180 GPD 8-7025-156-1-120 |
| Number of bedrooms: Number of Occupants: 2 people max 20641-40 total |
| 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: Contractor to meet on SETA prion to INSTALL IN expiration |
| / |
| Authorized State Agent: Sames Marchante Date: 5-30-13 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 fifthe 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. |
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| 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 |
| with the attached system layout. |
| ISSUED TO: JAMes + Deborah WINTERS PROPERTY LOCATION: 521793 Pope R.S. SUBDIVISION LOT # 3 |
| ISSUED TO: ATTERS & PROPERTY LOCATION: OR 173 TOPE ICD |
| SUBDIVISION LOT # _3 |
| Facility Type: DOG Kanned - Bornaday, I New 🗆 Expansion 🗆 Repair |
| Basement? Ves No Basement Pixtures? Ves No |
| Type of Wastewater System** Junp to 25% ZBNU SUN Reports (Initial) Wastewater Flow: 16070190 |
| (See note below, if applicable) |
| Ponp to 25% 123202 (Repair) |
| Installation Requirements/Conditions Number of trenches 2 |
| Septic Tank Size <u>1000 X Z</u> gallons Exact length of each trench <u>70</u> feet Trench Spacing: <u> </u> |
| Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches |
| 2 - Septic TANKS WITH RESERS Maximum Trench Depth of: 18 may inches (Maximum soil cover shall not exceed |
| (Irench bottoms shall be level to $\pm 1/14^{\circ}$ 36° above the trench bottom) |
| 1 PompTANK in all directions) |
| Pump Requirements:ft. TDH vs GPM for the below pipe |
| Aggregate Depth:Z inches above pipe |
| Conditions: Contractor to meet ows ETG Price to taisony 12 inches total |
| |
| 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: Date: |

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.

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|---------------------------------------|----------------------------|------------------------------|------|
| Authorized State Agent: | Monhafe | Date: 5 -30 | (3 |
| | Construction Authorization | Expiration Date: <u>5-30</u> | - 18 |



JR 1793 POPERD.