HTE#_15-5-76 408

Harnett County Department of Public Health

28415

Improvement Permit

A	building permit cannot be issued wit	h only an Improvement	Permit	
ISSUED TO: Shown Cacioppo NEW REPAIR EXPANSIO	PROPERTY LOCA	77	Harbor	
ISSUED TO: how Cacioppo	SUBDIVISION	Brander		LOT # <u>4</u>
NEW ☐ REPAIR ☐ EXPANSIO	n ei	Site Improvements re	quired prior to Construction Auth	orization Issuance:
Type of Structure: 5FD	<u> </u>			
Proposed Wastewater System Type: 25 % Recl	uct on Jysten			
Projected Daily Flow: 486 GPD				
Number of bedrooms: Number of Occup	pants: <u>&</u> max			
Basement 🗆 Yes 🕡 No				
Pump Required: □Yes ☑ No □ May be requ	ired based on final location and eleva	itions of facilities		_
	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				\square No expiration
Authorized State Assets	07.4/ D.	7/10/201	C	TICUED CITE CUETOU
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantee of the permit by the Health Department in no way guarantee o	Date:			TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be	affected by a change in own	examp with appropriate governing bodies ership of the site. This permit is subject	to compliance with the provisions of
	Construction Au	<u>thorization</u>		
	(Required for Buildi	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	754, .1955, .1956, .1957, .1958. and .1959 ar	re incorporated by references	into this permit and shall be met. System	ms shall be installed in accordance
ISSUED TO: _ Shawn Cacioppo	PROPERTY	LOCATION: Loc	K Harbor Mill	
- III - CCA	ZOBDIAIZIC	IN <u>Drender</u>	196.11	LOT # <u>-</u>
Facility Type:	🗆 New 🗹 Expans	ion 🗆 Repair		
	tures? 🔲 Yes 🔝 🗆 No			1
Type of Wastewater System** 2.5%	eduction System		(Initial) Wastewater Flow	: <u>480</u> GPD
(See note below, if applicable □)			,	
25% Led	loction System	_(Repair)		
Installation Requirements/Conditions	Number of trenches /	_(۲)		
Septic Tank Size Kyring gallons 1000	Exact length of each trench	80 feet	Transh Spacings 9	Fast on Contain
	•		Trench Spacing: 9	
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover: 6	inches
	Maximum Trench Depth of: 30		(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench bo	ittom)
	in all directions)			,
Pump Requirements:ft. TDH vs				inches below pipe
			Aggregate Depth:	
Conditioner			Aggregate Deptil.	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SI	EPTIC SYSTEM OR F	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
**If applicable: / understand the system type specified	is different from the type specifie	ed 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, p			Date:	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and	Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
7	<u> </u>		//	
Authorized State Agent:	ين نمس <i>بلاد للا</i> Construction Authori	Date:	7/6/2018	
	Construction Authori	zation Evolvation N	ato: 7/1- /2#2 Ci	
	construction Authori	Lacion expiration D	alt.// 6/ 2 0	

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Permit # _ 28 415

Harnett County Department of Public Health Site Sketch

ISSUED TO: COC; oppo SUBDIVISION Brancher M: 1/ LOT # 4
Authorized State Agent: Super Mc Winning RE Hy Date: 7/6/2015
Authorized State Agent: Sugar New
House D K E V E V E Rock Harbor