HTE#16-539763

## Harnett County Department of Public Health

29046

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY	LOCATION: BLUFT ROGE LN
ISSUED TO: ROBERT BRACKLEY SUBDIVISIO	IN THE BLUFFS @ CROSS LINK LOT # 2
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
NEW Structure: SED 58 x 20. EXPANSION	The important required provide construction rationization issuance.
Proposed Wastewater System Type: Pune To 25% RGDUCION	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Tyes No	
Pump Required: No May be required based on final location and	elevations of facilities
Type of Water Supply:   Community Public   Well Distance from well	
Permit conditions:	□ No expiration
10 10	
Authorized State Agent:: Dat	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The p	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 no	t 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	<u>Authorization</u>
(Required for B	uilding Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .19	
with the attached system layout.	
ISSUED TO: ROBERT BRACKLEY PROPE	EDTY LOCATION. R. T. ROCE-)
DOUGH TO: TOO BEEN TO	ERTY LOCATION: BLUFF ROCE LN VISION THE BLUFFS & CROSS LINKS LOT # 2
Facility Type: SFO (58 797)  New  Ex	
Facility Type: 580 (56797) New Ex	pansion   Repair
Basement?   ✓ Yes   ☐ No Basement Fixtures?   ✓ Yes   ☐ No	UCTION STEM (Initial) Wastewater Flow: 360 GPD
Type of Wastewater System** Pump To 25% REDI	UCTION 3351 (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable □)	
PROFOLENT	(Repair)
Installation Requirements/Conditions Number of trenches 5	
Septic Tank Size 1000 gallons Exact length of each trench	90 feet Trench Spacing: 1 Feet on Center
Pump Tank Size \(\sum \cor \cor \cor \cor \cor \gallon \) gallons Trenches shall be installed o	
Maximum Trench Depth of:	The state of the s
(Trench bottoms shall be lev	<del> </del>
	rel to +7-1/4 30 above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: This System MUST BE INSTALLED ! SERTIC INSTALLER PER NC LAV. TO	By A Licensed inches total
DERTIC INSTALLER PER NC LAV. I	1015 RECOUNT BASES ON PERMIT 21995
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART O	F SEPTIC SYSTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	TO SEL THE STORES ON RELITING MEAN.
THE OTHER ALLOWED IN INITIAL OR RELAIN DRAIN TIELD AREA.	
**If applicable: I understand the system type specified is different from the type specified	ecified 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 Co	nstruction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatmen	
That The	
Authorized State Agent:	Date: 10/21/16,
	thorization Expiration Date: (5/2) (2)
Lonstruction Aut	notivation explication fiate. F(2/4/14/)

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: BLUFF RIDGE ZN	
ISSUED TO: ROSCOT BRACKLEY	SUBDIVISION THE BLUTES & CROSSLWKS LOT #	2
Authorized State Agent:	(OLIVEZTULKSDOTE) Date: 10/23/16	

