29596

HTE# 17-5-409340 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1774 BESSON RA. (SR 1500) SUBDIVISION LOT # Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 60'x 40' Garage w/ Bathroom Proposed Wastewater System Type: Not Applicable Projected Daily Flow: CA GPD Number of bedrooms: Number of Occupants: Number of Occupants: Number of Occupants Basement Tyes 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 600 feet Permit valid for: Five years Permit conditions: ☐ No expiration 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 if the 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. 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 ISSUED TO: Hogh Sudes 31ds PROPERTY LOCATION: 1774 Benson ad (sa 1500)

SUBDIVISION ______ LOT #_____ Facility Type: 60'x40' Garage of Bathroom | New Expansion | Repair Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No Existing Septic 575. (Initial) Wastewater Flow: ____ GPD Type of Wastewater System** (See note below, if applicable (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM inches below pipe Aggregate Depth: NA inches above pipe Conditions: Pump tank may not be required based on final elv. of tank NA inches total and D-Box o D-Box replacement may be required. 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: 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. SEE ATTACHED SITE SKETCH Authorized State Agent: MAS Date: 08/11/2017 Construction Authorization Expiration Date: _08/11/2017

Harnett County Department of Public Health Site Sketch

