HIE# 02-2-32911

Harnett County Department of Public Health

25784

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NCHWY 24/87 ISSUED TO: DAVIO E. GALATAS DOS SUBDIVISION BABCOCK VILLAGE NEW 🔀 REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: DENTAL OFFICE (48'x28') Proposed Wastewater System Type: Conventional 528 GPD (11009+ CLINICAL SPACE) Projected Daily Flow: Number of bedrooms: _ Number of Occupants: _____max Basement Yes 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
to feet Permit valid for: Permit conditions: ☐ No expiration 12/2/09 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: DAVIDE GALATAS DOS PROPERTY LOCATION: NC HWY 24/87 SUBDIVISION BABCOCK VILLAGE LOT # 106 Facility Type: DEMAL OFFICE New Expansion Repair Basement? Yes No Basement Fixtures? Yes CONVENTIONEL (Initial) Wastewater Flow: 538 GPD Type of Wastewater System** (See note below, if applicable

) PUME TO CONVENTIONAL Number of trenches 3 Installation Requirements/Conditions Septic Tank Size 1750 gallons minimum Exact length of each trench 70 feet Trench Spacing: 9 Feet on Center Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 12-36 Maximum Trench Depth of: 24-48 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM Conditions: SEE DRAWING FOR ALL CONDITIONS **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 acoustions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

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Harnett County Department of Public Health Site Sketch

	ION: NC HWY 24/87	
	2 TOLKSOOD Date: 12/2/09	LOT # <u>\O</u> G
* MEET ON SITE PRIOR TO INSTALLATION * SERTIC TANK SIZED TO ACCOMADATE FUTURE EXPANSION	PUMP TO CONVENTIONAL REPAIR AREA	
*WATER LINE MUST BE RUN ALONG PROPERTY TO MAINTAIN SETBACK *RUN SUPPLY LINE DEEP KEEP WATER	FUTURE BUILDING	475´
LINE SHALLOW AND MAINTAIN 18" SEPARATION. * IF PROPER SEPARATIONS ARE NOT MAINTAINED DUCTILE IRON PIPE		GRAVEL ROAD
MAY BE NECESSARY. * CONTRACT FOR REQUIRED SAMPLING MUST BE SUBMITTED WATER LINE	WEGOX	
PRIOR TO SYSTEM BEING PUT 4 INTO OPERATION. * DEPTH OF FIRST LINE SHOULD BE 36"TO 49"	50' SESTION 199.79'	16

NCHWY 24/87