HTE# 15-5-362621

Harnett County Department of Public Health

28334

Improvement Permit

A building permit cannot be issued with	only an Improvement Permit
PROPERTY LOCAT	ION: J.R. MACKEY LN
ISSUED TO: MARY FRANCIUS SUBDIVISION 3	OHNSONVILLE TOWNSHIP LOT # 1A
NEW THE REPAIR THE AEXPANSION TO A	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: MAN HOME (56235)	
Proposed Wastewater System Type: 25% REDUCTION STATEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max	
Basement 🗆 Yes 💢 No	
Basement □Yes No Pump Required: □Yes No □ May be required based on final location and elevat Type of Water Supply: □ Community	ions of facilities
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 🚹	©⊙ feet Permit valid for: ➢Five years
Permit conditions:	No expiration
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	A 1
Authorized State Agent:: RENS Date:	GH7155 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 with the attached system layout.

ISSUED TO: MACRY FALTUS	PROPERTY LOCATION:	R. MACKEY LN
		ILLE TOWNOHIP LOT # 1A
Facility Type: Man Hume (56×)	🖢 🔼 New 🛛 🗆 Expansion 🛛 Repair	
Basement? □ Yes No Basement Fix Type of Wastewater System** _ 25% €	(tures? 🗆 Yes 🖳 🕅 🕅	•
Type of Wastewater System** 25% Ke	EDUCTION SYSTEM	(Initial) Wastewater Flow: <u>366</u> GPD
(See note below, if applicable □) 、	REDUCTION (RUMP) (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>6</u> 6 feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 12-22 inches
	Maximum Trench Depth of: <u>24-36</u> 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	inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		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 Autho	rization 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:Construction Authorization	Date: 6815 Expiration Date: 6820	

