HTE# //- ひるらり Harnett County Department of Public Health

Improvement Permit

26604

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Turker Porth ISSUED TO: Repair | Scott by of Subdivision | Subdivision |

NEW | REPAIR | EXPANSION | Site |

Type of Structure: SFD 36 X76 Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: _carvation Projected Daily Flow: プし〇 GPD 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 100 feet Permit valid for: Five years Permit conditions: ■ No expiration Date: 5/26/2011 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: Randall Scott Byrd PROPERTY LOCATION: Turkey Puth SUBUIVISION _____ New

Expansion

Repair Facility Type: <u>5F0</u> Basement? Yes Basement Fixtures? \square Yes \square No GPD (Initial) Wastewater Flow: 760 Type of Wastewater System** (See note below, if applicable □) Number of trenches Installation Requirements/Conditions Exact length of each trench _______ feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: _______ inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18 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 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:

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Torkeylath			
Authorized State Agent: August Manning	SUBDIVISION	Date: 3/26/26/1	LOT # _ <i>YA</i>
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