HTE# 12-5-288 7212 Harnett County Department of Public Health

Improvement Permit

27001

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NILH STREET SUBDIVISION NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% なるひしてい Projected Daily Flow: ______ GPD Number of Occupants: _____ max Number of bedrooms: No Basement TYes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community Public

Well Distance from well ________feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent .: Dones C Monnes The issuance of this permit by the flealth 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 PROPERTY LOCATION: No floth Street

SUBDIVISION Repair ISSUED TO: ANNIE PEllot Basement? Yes Basement Fixtures?

Yes 25% REDUCION Systo (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable \square) Installation Requirements/Conditions Septic Tank Size 1600 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18-20-24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4# 36" above the trench bottom) in all directions) inches below pipe Pump Requirements: ft. TDH vs. GPM Aggregate Depth: ______ inches above pipe Conditions: Confraction to meet or STIR Prion to 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: / 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: Date: Construction Authorization Expiration Date:

HTE# 12-5- 28872R

2700 / Permit # _______

Harnett County Department of Public Health Site Sketch

1 9 50 11	PROPERTY LOCATON: Alone	th 16th	street
ISSUED TO: ANNER P. Ello H	SUBDIVISION		LOT # <u>C</u>
Authorized State Agent Jones & Marks	mf e 2008	Date:	5-16-12
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		Prior	to INSTAIL.

