## HTE# 14-5-33056 R Harnett County Department of Public Health

27738

Improvement Permit

,	DENDERTY 100	ATION: SCISSON Abortoge RD	
ISSUED TO: April Hayes Ch	ALK SUBDIVISION_		LOT #
NEW □ REPAIR □ EXPANSI		Site Improvements required prior to Construction	
Type of Structure:	VII	site improvements requires prior to constitution	7.44.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4
Proposed Wastewater System Type: 25% NOC	NIC 87100		
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occu	upants: 🖇 max		
Basement 🗆 Yes 🖾 No			
	uired based on final location and elev	vations of facilities	
	☐ Well Distance from well _	feet Permit valid	for: Five years  No expiration
^	11 /	16 3	
Authorized State Agent:	Date:		EE ATTACHED SITE SKETCH
The issuance of this permit by the Hadth Department in no way guar site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditi	changes. The Improvement Permit shall not be	it holder is responsible for checking with appropriate governing t e affected by a change in ownership of the site. This permit is su	bodies in meeting their requirements. This bject to compliance with the provisions of
	Construction Au	uthorization_	
	(Required for Build		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.			. Systems shall be installed in accordance
ISSUED TO: April Hayes Ch	slk PROPERT	Y LOCATION: <u>SN 1533 About</u>	FOTERD
/	ZORDIAIZ	NON	LOT #
Facility Type: MOD	🗗 New 🗆 Expar	nsion 🗆 Repair	
Basement?  Yes No Basement Fi	ixtures? 🗆 Yes 🖃 No		
Type of Wastewater System** 25% 762	VUTTON FUSTE	- (Initial) Wastewater	Flow: <u>480</u> GPD
(See note below, if applicable )		,	
25% 123	with Systa	— (Repair)	
Installation Requirements/Conditions	Number of trenches 4	(,	7
Septic Tank Size 1200 gallons	Exact length of each trench	geet Trench Spacing:	Feet on Center
	Trenches shall be installed on	contour at a Soil Cover:	inches
Pump Tank Size gallons			
	Maximum Trench Depth of:		
	(Trench bottoms shall be level	to +/-1/4" 36" above the trend	cn bottom)
	in all directions)		
Pump Requirements:ft. TDH vs	GPM		inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
	BE 10FT. FROM ANY PART OF	SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR			
		· · · · · · · · · · · · · · · · · · ·	
**If applicable: / understand the system type specific	ed is different from the type speci	fied on the application. I accept the specification	ons of this permit.
Owner/Legal Representative Signature:		Date:	
Construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sewage Treatment a	and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Markont	Date: <u>4-2-14</u> orization Expiration Date: <u>4-2-</u>	
	Construction Author	orization Expiration Date:	19

HTE# 14-5-33056R

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 52.15	5a Aborttoin		
ISSUED TO: April Hornes Chrulk	SUBDIVISION		LOT # _	
Authorized State Agent: SMA	hants news	Date: <u>4</u> -	-2-14	
NOWATER  OR  Power trues  IN Septic feeld  OR Repair  ARBA	Rep C-	200 A 100 A	DIEVE 165'S	44 512-1553 AbAHOER 123

SIZ 1551 Johnston County County