HTE# 14-5-33336R

Harnett County Department of Public Health

27929

Improvement Permit

•	LOCATION: MCDUEFSE P
ISSUED TO: KRISTI WIZKIE SUBDIVISIO	N HOOPEN & ARROW LOT # 12
ISSUED TO: KRYSTI WILKIE SUBDIVISIO NEW REPAIR □ EXRANSION □	
NEW REPAIR REPAIR FARANSION Type of Structure:	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 480 GPD	
Number of bedrooms: H Number of Occupants: K max	
Basement Tyes No.	
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	
Permit conditions:	No expiration
	4
Authorized State Agent:: Dat	
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	<u>Authorization</u>
(Required for B	Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .19	759 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	- 0
ISSUED TO: KRISSI WIZKIE PROPI	ERTY LOCATION: McDUFFIE RD
CIDA	IVISION HOOPER + Apron LOT # 12
Facility Type: Moo (32×76) X New = Ex	
Basement? ☐ Yes → No Basement Fixtures? ☐ Yes ✓ No	- ····
Type of Wastewater System** 25% REDUCTION S	STEM (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable \square)	(
25% REDUCTION	(Repair)
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1000 gallons Exact length of each trench	Feet on Center
Pump Tank Size gallons	1 0 - 7
Maximum Trench Depth of:	
·	· · · · · · · · · · · · · · · · · · ·
(Trench bottoms shall be le	vel 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 C	DE 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 Co	Date:
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.	
is will the second	
Authorized State Agent:	
Construction Authorization Expiration Date: 5/7/9	

Harnett County Department of Public Health Site Sketch

