HTE#<u>15-5-3616</u>

Harnett County Department of Public Health

28395

Improvement Permit

	permit cannot be issued wit PROPERTY LOCA	TION SRI412 C	paistim laft	- RD
ISSUED TO; Kobert A Ormond	SUBDIVISION			
NEW 🗹 REPAIR 🗆 EXPANSION 🗆		Site Improvements requ	uired prior to Construction Authori	ization Issuance:
Type of Structure:MOD				
Proposed Wastewater System Type:				
Projected Daily Flow: <u>480</u> GPD				
Number of bedrooms: Number of Occupants:	8 max			
Basement 🗆 Yes 🗹 No				
Pump Required: 🗆 Yes 🗆 No 🗹 May be required base	d on final location and eleva	tions of facilities		
	ell Distance from well		Permit valid for:	Five years
Permit conditions:				No expiration
				ŀ
	. 1	······		
Authorized State Agent Anna C MA	shout Date:	7-17-	15 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is				
site is subject to revocation if the site plan, plat, or the intended use changes. The				
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this p	ermit			
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, with the attached system layout.			into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Robert A Ormond	PROPERTY	LOCATION: ST	412 Christin	NEATRA
		DN		10T # 5-12
Facility Type:MOD	NewExpans			
		son 🗀 nepan		
		\sim	(1. *.*. 1) 14(
,	in syst		(Initial) Wastewater Flow:	<u>490</u> GPD
(See note below, if applicable \Box)				
2500 R&DUC	tu-	_(Repair)		
Installation Requirements/Conditions Numb	er of trenches		0	
	length of each trench		Trench Spacing:	Feet on Center
, , -	es shall be installed on c	•		inches
1 0			(Maximum soil cover shall r	
	um Trench Depth of:		,	
	h bottoms shall be level t	:0 +/-1/4	36" above the trench bott	tom)
in all	directions)			
Pump Requirements:ft. TDH vs GPM			_6	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			/	12 inches total
	· · · · · · · · · · · · · · · · · · ·			mento total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT	. FROM ANY PART OF S	EPTIC SYSTEM OR R	EPAIK 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 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	he conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent: S. Montander Construction Authorization Expira	Date: ation Date:			

HTE# 15-5-36161 Harnett County Department of Public Health Site Sketch ISSUED TO: <u>Robert A Onmore</u> SUBDIVISION ______ LOT # <u>9-A</u> Authorized State Agent: <u>Jones & Manhanfee</u> Date: <u>7-17-15</u>

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n 36 YPENOD [17 YU Ζ AIN. HAT TO BB MOVED VP. to Accomolate DAATA LANDS Pant ND. R ١ I 250 rep V Ġ, E ٤ reparts SR 1412 Christian Laght RD