## HTE# 16-5-38862 Harnett County Department of Public Health

28974

**Improvement** Permit

A building permit cannot be issued with only an Improvement Permit	4	1 0
A building permit cannot be issued with only an improvement remit PROPERTY LOCATION: <u>52/4/12 Chuis</u>	finz Cosht	MD
ISSUED TO: Felicion Avilez SUBDIVISION	U	LOT #
NEW C REPAIR C EXPANSION Site Improvements required prior to	Construction Authorization	n Issuance:
Type of Structure:		
Proposed Wastewater System Type: Norce		
Projected Daily Flow: 240 GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 🖉 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 feet	Permit valid for:	Five years
Permit conditions:		☐ No expiration
SAL 1 100 REARS		
Authorized State Agent: Jones CIUANhant Date: 8-3-16	SEE ATTACHEI	D 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: Feltusano AUT	PROPERTY LOCATION: 3×14	12 Christenslight RD
	SUBDIVISION	LOT #
Facility Type:	New 🔲 Expansion 🗆 Repair	
Basement? 🗆 Yes 🗹 No Basement Fixtu		
Type of Wastewater System** 25% Red	Syste	(Initial) Wastewater Flow: GPD
(See note below, if applicable $\Box$ ) Tresse	MAN Hole (Repair)	
Installation Requirements/Conditions	Number of trenches	9
Septic Tank Size gallons	Exact length of each trench $\underline{\mathcal{GO}}$ feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>24-516</u> 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	inches below pipe
		Aggregate Depth: inches above pipe
Conditions		12 inches total

## 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	d 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 Construct	
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: 2 Monton Construction Authori	Date: <u>8.3-16</u> zation Expiration Date: <u>8.3-21</u>

HTE# <u>16-5-38862</u> Harnett County			28974 lic Health	
ICCUED TO: LO TETANO HUELEZ	PROPERTY LOCATON: <u>Sr. 141</u> SUBDIVISION	2 Chri	LOT #	_
Authorized State Agent: Marka	m PB48	Date:	8-3-16	
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