HTE# 16-5-38816

Harnett County Department of Public Health

28881

Improvement Permit

A t	building permit cannot be issued wit	h only an Improvemen	t Permit	
ISSUED TO: Chris Augles		TION: 30 390 V	Intrance RD	LOT # _ 5
NEW REPAIR EXPANSION	SUBDIVISION	Site Improvements re	quired prior to Construction Author	
Type of Structure: EX SPD		site improvements re	quirea prior to construction nation	ization issuance.
Proposed Wastewater System Type: 2552 RAT	som			
Projected Daily Flow: 360 GPD		·		
Number of bedrooms: Number of Occupa	ints: <u>6</u> max			
Basement Yes No				
	ed based on final location and eleva			
Type of Water Supply: Community V Public	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
.	1			1
Authorized State Agent: Zythm	when I Date:	(-14-16	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante		holder is responsible for ch	and the second device of the s	
site is subject to revocation if the site plan, plat, or the intended use cha	anges. The Improvement Permit shall not be	affected by a change in own	ership 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.			
				i i i iii
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .195	54, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: Chris Aughes	PROPERTY	LOCATION: 52	540 Montor mark	D
ISSUED TO: Chais Hughes	SUBDIVISI)N		LOT # 5
Facility Type:FX_SFD	_ 🗆 New 🗹 Expans	sion 🗆 Repair		
Basement? Ves No Basement Fixtu				
A DESCRIPTION OF A DESC	suction Sys	to	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable)			(*******) *************************	
	MCRUL Syste	(Repair)		
Installation Requirements/Conditions	Number of trenches Z	—(···F···)	0	
Septic Tank Size 134 gallons	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on c		Soil Cover:	inches
	Maximum Trench Depth of:		(Maximum soil cover shall i	
	(Trench bottoms shall be level t		36" above the trench both	
	in all directions)	V //-1/T	שט מטטיכ נווכ נוכוונון שטנו	ioni)
Pump Requirements:ft. TDH vs	GPM		6	inches heleys aires
	_ 0111		Aggregate Depth: 2	inches below pipe inches above pipe
Conditions:				inches above pipe

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	e 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 Sew	rage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent: <u>SMa</u> Constru	Date: $6 - 14 - 16$ ction Authorization Expiration Date: $6 - 14 - 74$			

Permit # 28881 HTE# 16-5-38816 Harnett County Department of Public Health Site Sketch

