HTE# 17-5-418837 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be	e issued with only an Improveme	nt Permit	, ad so 1769)
ISSUED TO: Darren Hughes SU	RDIVISION CLIVE	Cost Coloras	10T # 5
NEW REPAIR EXPANSION	Site Improvements	required prior to Construction Author	rization Issuance.
Type of Structure: 432 41' × 66' SFB	site improvements	equired prior to construction number	ización issuance.
Proposed Wastewater System Type: 25% reduction 5,5.			
Projected Daily Flow: 480 GPD			
Number of Dedrooms: 4 Number of Occupants: 8 max		The state of the s	
Basement □Yes □ No			
Pump Required: ☐Yes ☐ No ☐ May be required based on final locati	on and elevations of facilities	wal labouragement	
Type of Water Supply: Community Public Well Distance f Permit conditions:		Permit valid for:	☐ Five years☐ No expiration
11-0			
Authorized State Agent:	5 Date: 08/16/	ZO17 SEE ATT	TACHED 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.			
Construc	tion Authorization		
	d for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .195		es into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.			
ISSUED TO: Darren Hughes PROPERTY LOCATION: 15 Damp Station No (Old Stage NA SA 1769) SUBDIVISION River Corest LOT # 5			
Facility Type: 482 61'X66' SFO New	☐ Expansion ☐ Repa	ir	
	No		
Type of Wastewater System** 25% Reduction	5 16 0	(Initial) Wastewater Flows	480 GPD
	3938211	(IIIItiai) Wastewater 110w.	UID
(See note below, if applicable □)	/ (Desein)		
A+-Grade 25% Reduction	255 (nepair)		
	4	9	
	trench <u>75</u> feet		
0	stalled on contour at a		
	pth of: <u>/G</u> inche		
(Trench bottoms sha	ll be level to +/-1/4"	36" above the trench bo	ttom)
in all directions)			
Pump Requirements:ft. TDH vs GPM		6	inches below pipe
		Aggregate Depth: Z	inches above pipe
Conditions: Defailed on Site Sketch		00 0	1Z 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 F. H. I was a date out to the second in different from the	turn annifol on the anniform	ion I assent the energifications of	this normit
**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 conditions of this permit.			
Authorized State Agent:			
Construction Authorization Expiration Date: 08/16/2022			

Harnett County Department of Public Health Site Sketch

