

HTE# 15-5 35395

# Harnett County Department of Public Health Improvement Permit

28191

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: BENSON RD

ISSUED TO: HUGH SUZES

SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION

Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: MIGRANT CAMP (32'x113')

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 1680 GPD

Number of bedrooms: \_\_\_\_\_ Number of Occupants: 28 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 100 feet

Permit valid for:  Five years

Permit conditions: \_\_\_\_\_  No expiration

Authorized State Agent: [Signature] RENS

Date: 2/13/15

SEE ATTACHED 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: HUGH SUZES

PROPERTY LOCATION: BENSON RD

SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_

Facility Type: MIGRANT CAMP  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 1680 GPD

(See note below, if applicable ) 25% REDUCTION (Repair)

### Installation Requirements/Conditions

Septic Tank Size 2500 gallons

Pump Tank Size 2500 gallons

Number of trenches 1

Exact length of each trench 1050 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18 inches

(Trench bottoms shall be level to +/-1/4"

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM

Aggregate Depth: \_\_\_\_\_ inches below pipe

\_\_\_\_\_ inches above pipe

Conditions: \_\_\_\_\_ 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 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.

SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RENS

Date: 2/13/15

Construction Authorization Expiration Date: 2/13/20

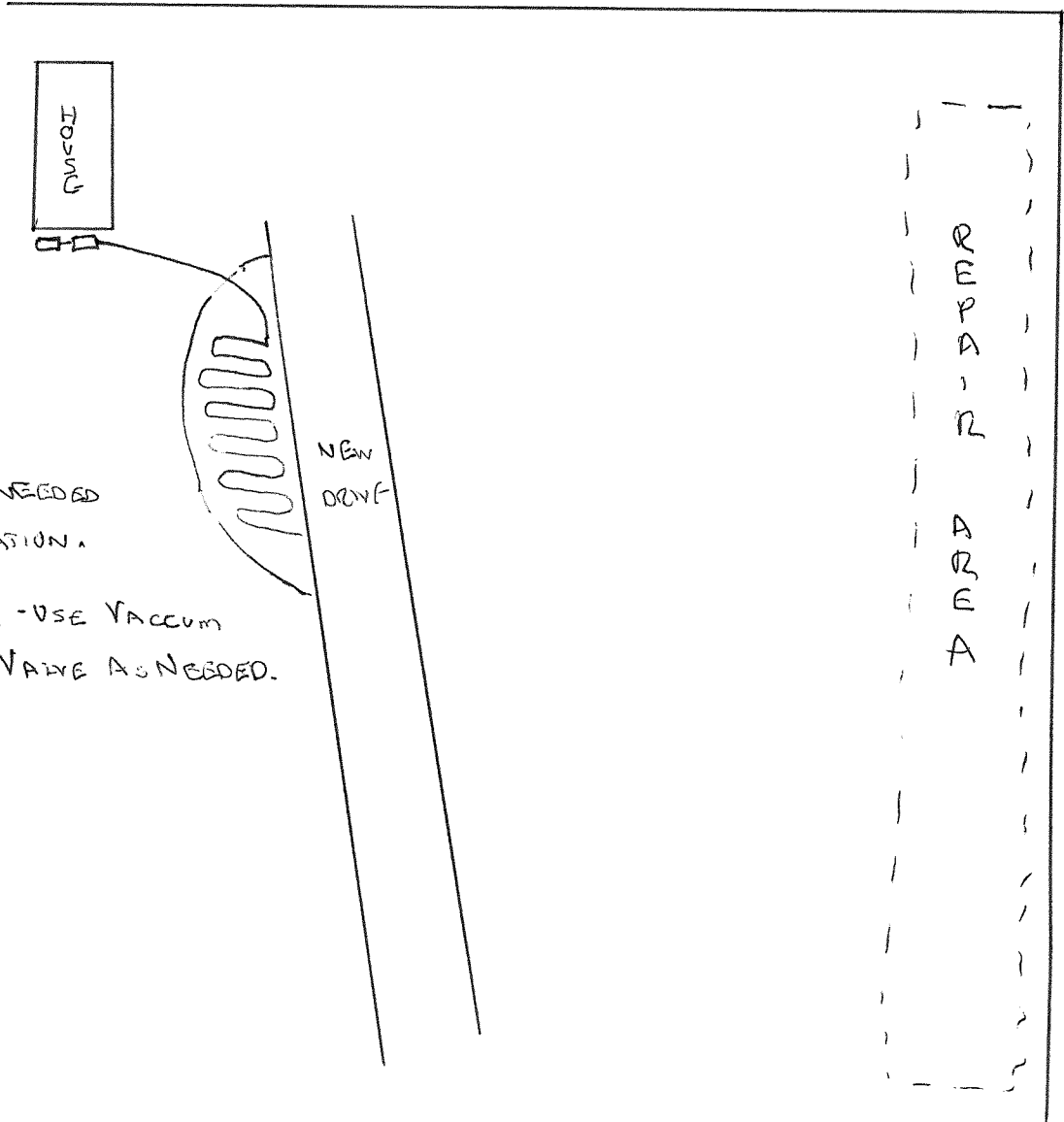
HTE# 15-5-35395

Permit # 28191

# Harnett County Department of Public Health Site Sketch

ISSUED TO: HUGIA SUGLES PROPERTY LOCATOR: BENSON RD  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: ~~\_\_\_\_\_~~ ELLEN (LIVE) TOLSON (SOP) Date: 2/13/15



- \* MEET ON SITE IF NEEDED PRIOR TO INSTALLATION.
- \* PUMPING DOWNHILL - USE VACUUM BREAKER OR AIR VALVE AS NEEDED.