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## Harnett County Department of Public Health

25141

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SIZ 1435 TREPS RIS ISSUED TO: Christophen DURHAM REPAIR V Site Improvements required prior to Construction Authorization Issuance: EX SFD Proposed Wastewater System Type: MANCHEE TO 25% RED Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8 Basement Yes No ☐ May be required based on final location and elevations of facilities Pump Required: Tres 

No Type of Water Supply: 

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: ■ No expiration 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 Basement? Yes Type of Wastewater System\*\* (Initial) Wastewater Flow: 480 (See note below, if applicable ) MANIFER 25% REDUCTION System (Repair) Installation Requirements/Conditions Septic Tank Size \_\_\_\_\_ gallons
Pump Tank Size \_\_/ OO O gallons Exact length of each trench \_\_\_\_\_/DO Trenches shall be installed on contour at a Maximum Trench Depth of: 24" may inches (Maximum soil cover shall not exceed 3-1/4" sch 40 VAIVES (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: \_\_\_\_\_ ft. TDH vs. \*\*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: 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;

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## Harnett County Department of Public Health Site Sketch

