Ref.# HTE#06-5-14302 (Repair)

## Harnett County Department of Public Health

28967

Improvement Permit

A building permit cannot be issued with only an Improvement Permit				
ISSUED TO: Richard DECKENS	PROPERTY LOC	ATION: 8-1769 0	ID STAGE RD	
_	SUBDIVISION		FARMS	LOT # _//
NEW □ REPAIR ☑ EXPANSION □  Type of Structure: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Site Improvements re	quired prior to Construction Author	orization Issuance:
Proposed Wastewater System Type: 75%, RGD	_	-		
Projected Daily Flow: 3/20 GPD				
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6	may			
Basement Tyes No				
Pump Required: ☑Yes ☐ No ☐ May be required based on fina	l location and elev	vations of facilities		/
Type of Water Supply:   Community Public   Well Dist	ance from well	feet	Permit valid for:	Five years
Permit conditions:			Termit valid for.	☐ No expiration
	20	K		_ no expiration
5 11	JEE 18	4 /		
Authorized State Agent: and I whim	Date:	8-1-16	SEE AT	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.	nt Permit shall not be	affected by a change in own	ership of the site. This permit is subject to	o compliance with the provisions of
Const	truction A.	.46		
COURT	ruction Au	<u>ıthorization</u>		
<u>(R</u>	equired for Build	ding Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .199 with the attached system layout.	7, .1958. and .1959 a	are incorporated by references	into this permit and shall be met. System	ns shall be installed in accordance
ISSUED TO: TO: O . O. D. D. T.C.V.C.V.S	DAODERT	VIOCATION 5 .	7/0 0 > 7-	
Facility Type: Ex SFI)   New Basement?   Yes   New Basement   New	PROPERT	T LOCATION: OFC 1	169 010 2146	12 14D
Facility Tunes Fx 8FN	ZORDIAIZI	ON DEFIC	Ath Farms	LOT #//
racinty type: New	Expan	sion 🗹 Repair		
Dasement rixtures: 165	Lv No			
			(Initial) Wastewater Flow:	_360 GPD
(See note below, if applicable [])  25% 1230 (SCO) S  Installation Requirements/Conditions  Number of trei	45162	(Repair)		
Installation Requirements/Conditions Number of tree	iches 3			
Septic Tank Size 1=> gallons Exact length of	each trench	120 feet	Trench Spacing:	Feet on Center
	be installed on c			inches
		22 3/6 inches	(Maximum soil cover shall	
	s shall be level t			
in all directions		10 17-174	36" above the trench bot	ttom)
Pump Requirements:ft. TDH vs GPM	•)		6	
rump requirementsit. 1011 Vs OFFI				inches below pipe
Conditions: NU Spaisher sylven	- IN R	epain Are	Aggregate Depth:	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	ANY PART OF S	EPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	ĒA.			
**If applicable: / understand the system type specified is different from	the type specific	ed on the application.	I accept the specifications of	this permit.
0				
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	changes. The Constru	ction Authorization shall not b	e transferred when there is a change in o	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules fo	Sewage Treatment and	d Disposal and to the condition	ons of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agent: Series & M	aha	Date:	8 .1 -11	

Construction Authorization Expiration Date:

Permit # 28967 HTE# 06-5-14302 (Repair arnett County Department of Public Health Site Sketch PROPERTY LOCATON: 52/769 010 STAGE RD ISSUED TO: Richard DICKENS Authorized State Agent: \* NO Sprinkler Syster Allowed IN Regain ARRAS 11. W State 6 DRIV White Incl

Ref. #