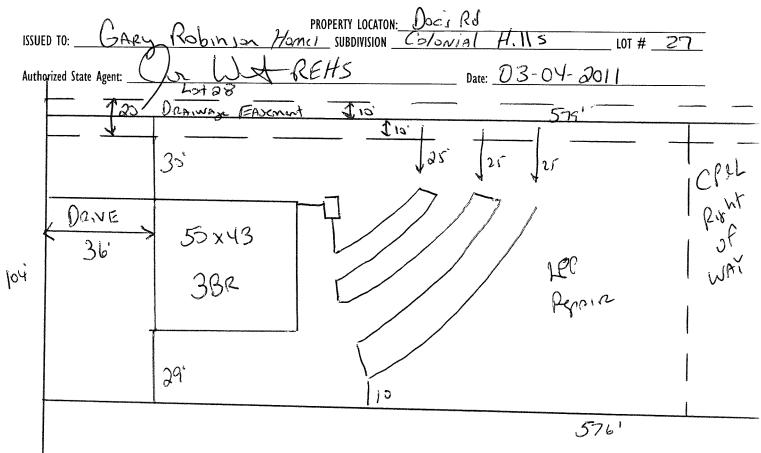
HTE# 06-500-159 41 R Harnett County Department of Public Health

Improvement Permit

26502

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: DOCS!	
ISSUED TO: GARY RObinson Homes SUBDIVISION COLONIAL	H.\\\s LOT # 27
NEW REPAIR EXPANSION Site Improvements req	uired prior to Construction Authorization Issuance:
7,750 01 311 414 414	C O PANON
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: max Basement □Yes ➤ No	
Pump Required: 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: Mget onsite for Final lagget maintain	
STUB Out Plumbing Shallow, At Ground level or his	gher where show- All underson
utilities must be 15' from any part of septic system of Ryan	
Authorized State Agent: Date: 03-04-11	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 che	
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 owner the lawy and Pulse for Savage Testemont and Diseased and to conditions of this paper.	rship 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	
C	
<u>Construction Authorization</u>	
(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: 6 ARY Kdown Homes PROPERTY LOCATION: Doc	is Rd
SUBDIVISION Coloni	1 11 11 0
Facility Type: SFD-50x43-3BR & New Expansion - Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% Reduction 545tm	(Initial) Wastewater Flow: <u>3 6</u> る GPD
(f	(IIIIIIII) Wastewater Flow di D
(See note below, if applicable) LP (Repair)	
· · · · · · · · · · · · · · · · · · ·	
Installation Requirements/Conditions Number of trenches Front I and the Great Association for the Associ	Trough Specimen 9 Foot on South
Septic Tank Size 1000 gallons Exact length of each trench 225 feet	Trench Spacing: 7 Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a	Soil Cover: inches
Maximum Trench Depth of: \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Maximum soil cover shall not exceed
(Trench bottoms shall be level to \pm /-1/4"	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	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:
Owner/Legal Representative Signature:	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 conditi	
1112000	22 2.4 11
Authorized State Agent: Date: Date:	03-04-11
Construction Authorization European D	oto: 03-04-1016

Harnett County Department of Public Health Site Sketch



STUB Out Plumbing Shallow, At ground level or higher Where Shown.

All under ground utilities must be 10' from All parts of the sptic system or Repair.

Must extend Draiwage Ditch so that it will end beyond The end of the Septic Systemy Litar & Litas

Install 1 Line 225' Long of 25% Reduction system of 18" Deep - max.

Maintain All Set Backs