HTE#07-5-17897 RRR Harnett County Department of Public Health

m	p	r	0	V	e	r	n	e	r	11	t	P	'e	r	n	n	i	1

26701

	Improvement Permit		20/21
	A building permit cannot be issued with only an Improver	nent Permit	
			····
ISSUED TO: JOHN T. DENSO	PROPERTY LOCATION: DHER SUBDIVISION SHERMAN	PINES	LOT # 20
NEW 🕰 KEPAIK LJ EXP	ANSION LI Site Improvements	required prior to Construction Aut	horization Issuance:
Type of Structure: SFD (SWATO	INITIAL	OGLAIN FIELD ARE	A MUST BE
Proposed Wastewater System Type: Pump To	2570 REDUCTION	$\sim - 0$	
Projected Daily Flow: 360 GPD	TENCED (DEF TO PREVENT	HNY LONSTRUCT
Number of bedrooms: <u>S</u> Number of	Occupants: 6 max	5 0	C G 10
Basement Yes No	· KAFFIC	From DANACING	DITE, DEE IP
Pump Required: XYes INO May be	required based on final location and elevations of facilities		5xerc
Pormit conditions The Community Republic	lic 🗆 Well Distance from well <u>100</u> feet	Permit valid for:	Five years
Fernine conditions: THIS FELCING DI	ASED ON A PROPOSAL SUBMITTE	D WITH PRPLICATION	No expiration
the former and the second s			
Authorized State Agent::	itedat a size lite		
The issuance of this permit by the Health Department in no way	QUARANTEES THE PERMIT HOLDER IS RESPONSIBLE FO	SEE /	TTACHED SITE SKETCH
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	r checking with appropriate governing bodies ownership of the site. This permit is subject	in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to con	iditions of this permit.	ownership of the site. This permit is subject	to compliance with the provisions of
	Construction Authorization		
The construction and installation requirements of Pulses 1000 100	(Required for Building Permit)		
with the attached system layout.	52, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by refere	nces into this permit and shall be met. Syste	ms shall be installed in accordance
ISSUED TO:	PROPERTY LOCATION:		
	SUBDIVISION		LOT #
Facility Type:	🗆 New 🗆 Expansion 🗔 Repa		
Basement? 🗌 Yes 🔲 No 🛛 Basement	Fixtures? 🗆 Yes 🔲 No		
Type of Wastewater System**		(Initial) Wastewater Flow	: GPD
(See note below, if applicable 🔲)			Urv
,	(Repair)		
Installation Requirements/Conditions	Number of trenches(nepan)		
Septic Tank Size gallons	Exact length of each tranch	Turnal C '	F . A
Pump Tank Size gallons	Exact length of each trench feet	Irench Spacing:	_ Feet on Center
unp rank size ganons	Trenches shall be installed on contour at a		
	Maximum Trench Depth of: inche		
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bo	ottom)
	in all directions)		,
Pump Requirements:ft. TDH vs	GPM		inches below pipe
		Aggregate Depth:	inches above nine
Conditions:			inches total
			inclues total
VALER LINES (INCLUDING IKKIGALIUN) MUS	ST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM O	R KEPAIR AREA.	
O UTILITIES ALLOWED IN INITIAL OR REPAI	R DRAIN FIELD AREA.		
*If applicable: I understand the system type space	ified is different from the type specified on the applicati	in Land the Third	
	nca is amerent nom the type specified on the applicati	un. 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 perr	nit. SEE ATTACHED SITE SKETCH						
Authorized State Arrest							
Authorized State Agent: Date:	······································						
Construction Authorization Expiration Date:							



