HTE# 08500-20817 Harnett County Department of Public Health

25054

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
rouse of Clark - Ind b	2 -4 - 1	3	
NEW REPAIR REPAIR REPAIR	SUBDIVISION PERSIO		LOT # <u>63</u>
NEW REPAIR □ EXPANS Type of Structure: FO - SYx 5 (-		ents required prior to Construction Autho	orization Issuance:
Proposed Wastewater System Type: 25% (6)	1 k		
Projected Daily Flow: 48 9 GPD	1001135 793.		
,	supants: S max		
Basement Yes No	max		
	quired based on final location and elevations of facilities	5	
Type of Water Supply:	□ Well Distance from well 1000 fe	eet Permit valid for:	Five years
Permit conditions: Meet onsite - 1	Maintain All Set BACK,		☐ No expiration
1.	00.18		
Authorized State Agent:	Date: 09-12-0	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended us	rances the issuance of other permits. The permit holder is responsible changes. The improvement Permit shall not be affected by a change	e for checking with appropriate governing bodies i	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condit	ions of this permit.	the same state this permit is subject to	compliance with the provisions of
	Construction Authorizatio	n	
	(Required for Building Permit)	<u></u>	
The construction and installation requirements of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by re	eferences into this permit and shall he met System	ns shall he installed in accordance
with the attached system layout,			3 man be instance in accordance
ISSUED TO: CUMBER /ANC! Facility Type: SED-ESYX 51- YRA	HOMEL BRODERTY LOCATION	1215	
133020 10.	PROPERTY LOCATION:	200 41	
Facility Type: SFD-54x51-4BA	SUBDIVISION PER SI	mor //.//	LOT # <u>63</u>
Basement? Yes No Basement Fi	new ∟ cxbansion !! N	iepair	
Type of Wastewater System**	25% Reduction System	O 422.0 W 50	110
I VAP HOTE DEIOW IT ANNICANIE V. M.		(Initial) Wastewater Flow:	<u> 463</u> GPD
251. A	ed-ctio Sys. (Repair)		
Installation Requirements/Conditions	Number of transfer		
	Number of trenches	9	
Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons		feet Trench Spacing: /	Feet on Center
rump rank size 1000 ganons	Trenches shall be installed on contour at a		inches
	Maximum Trench Depth of: ir	· ·	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bot	tom)
Pump Poquiromente: 4 TDU	in all directions)		
Pump Requirements:ft. TDH vs	GPM		inches below pipe
Candiaian.		Aggregate Depth:	inches above pipe
Conditions:			inches total
istic P. I.I. I.			
**If applicable: I understand the system type specifie	d is different from the type specified on the applic	cation. I accept the specifications of a	this permit.
Jwner/Legal Representative Signature:		Date:	
Owner/Legal Representative Signature: his Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construction Authorization shi	all not be transferred when there is a change in o	wnership of the site. This
onstruction 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
	Δ α)	0011	
construction Authorization Expiration Date: 9-12-2017			
	Construction Authorization Expirat	ion Date: 9-12-2017	

Maintain all Set Dachi

Harnett County Department of Public Health Site Sketch

