HTE#<u>09-5-21527</u>

Harnett County Department of Public Health 25174

Improvement Permit

	DDODEDTY LOCATION.	V 5
ISSUED TO: HUGH SURVES BUILD	PROPERTY LOCATION: LASSIFER	
NEW REPAIR □ EXPANS	ION 🗀 Site Improvements re	quired prior to Construction Authorization Issuance:
Type of Structure: SFO (54 ×54)		
Proposed Wastewater System Type:	IONAL	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occ	upants:max	NAME - 100 -
Basement 🗆 Yes 🔀 No		
Pump Required: 🗆 Yes 🗆 No 🔀 May be req	uired based on final location and elevations of facilities	
Type of Water Supply: Community Public	☐ Well Distance from well <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Permit valid for: 🔀 Five years
Permit conditions:		No expiration
		two expiration
Authorized State Agent::	RS Date: 2909	CEE ATTACHED CITE CHETCH
		SEE ATTACHED SITE SKETCH ecking 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 own	ecking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditi	ons of this permit.	ersulp of the site. This permit is subject to compliance with the provisions of
<u> </u>		
	Construction Authorities	
	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
with the attached system layout.	,	,
11 C 0		5
ISSUED TO: HUGH SURLES BUIL		
	SUBDIVISION WALKIUT	GROVE LOT # 35
Facility Type: 580 (54754)	New 🗆 Expansion 🗆 Repair	
	xtures?	
Type of Wastewater System**	, <u>, , , , , , , , , , , , , , , , , , </u>	Allera Warrant B 3/ A con
, ,	, WAKE	(Initial) Wastewater Flow: 340 GPD
(See note below, if applicable □)	_	
CONVENT		
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench <u>SO</u> feet	Trench Spacing: Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on contour at a	
5410113		
	Maximum Trench Depth of: 24-36 inches	(Maximum soil cover shall not exceed
	(Tranch hattams shall be level to 1./ 1/4"	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	36" above the trench bottom)
Pump Requirements:ft. TDH vs	in all directions)	,
Pump Requirements:ft. TDH vs	in all directions)	,
	in all directions)GPM	,
Pump Requirements:ft. TDH vs Conditions:	in all directions)GPM	,
	in all directions)GPM	,
	in all directions)GPM	,
Conditions:	in all directions) GPM	Aggregate Depth: inches below pipe inches above pipe inches total
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**If applicable: / understand the system type specifie	in all directions) GPM d is different from the type specified on the application.	Aggregate Depth: inches below pipe inches above pipe inches total
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**If applicable: / understand the system type specifie Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan.	in all directions) GPM d is different from the type specified on the application. plat, or the intended use changes. The Construction Authorization shall not in	Aggregate Depth: inches below pipe inches above pipe inches total
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**If applicable: / understand the system type specifie Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan. Construction Authorization is subject to compliance with the provisions	in all directions) GPM d is different from the type specified on the application. plat, or the intended use changes. The Construction Authorization shall not to the Laws and Rules for Sewage Treatment and Disposal and to the conditions.	Aggregate Depth: inches below pipe inches above pipe inches total inches inches total inches inches total inches in
**If applicable: / understand the system type specifie Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan.	in all directions) GPM d is different from the type specified on the application. plat, or the intended use changes. The Construction Authorization shall not to the Laws and Rules for Sewage Treatment and Disposal and to the conditions.	Aggregate Depth: Aggregate Depth: Compared inches above pipe inches above pipe inches total I accept the specifications of this permit. Date: Compared when there is a change in ownership of the site. This ons of this permit. SEE ATTACHED SITE SKETCH Compared inches above pipe inche

HTE# 09-5-2158	\mathfrak{I}
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Harnett County Department of Public Health Site Sketch

