HTE#10-5-25000PZ

Harnett County Department of Public Health

Improvement Permit

26272

,	A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: GARRY ROBINSON	PROPERTY LOCATION: NC2105	
NEW REPAIR □ EXPANSI	SUBDIVISION GWEN OAKS	LOT # <u>53</u>
Type of Structure: SEO BO AG	ON Site Improvements required prior to Construction	Authorization Issuance:
Proposed Wastewater System Type: 25% REC	Wans System	
Projected Daily Flow: GPD GPD	700 (1010 0 7 0 1 EM)	
Number of bedrooms: 3 Number of Occu	ipants: 💪 max	
Basement Yes X 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>100</u> feet Permit valid	for: Kive years
Permit conditions:		☐ No expiration
Authorized State Agent::	REHS Date: 9 31 15	EE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar- site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	antees the Issuance of other permits. The permit holder is responsible for checking with appropriate governing b changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is sul ons of this permit.	odies in meeting their requirements. This bject to compliance with the provisions of
	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.		
ISSUED TO: GARY ROBINSON	PROPERTY LOCATION: NC2105	
~	SUBDIVISION GWEN OAKS	LOT # 53
Facility Type: SFO (30'×46')	New □ Expansion □ Repair	เก #
Type of Wastewater System** 25% Description	(tures? 口 Yes 又 No EDUCT10 N Sソラで医M (Initial) Wastewater I	ri. 360 cm
(See note below, if applicable \square)	(IIIIIIai) Wastewater I	Flow: <u>360</u> GPD
25% Dec	DUCTION SYSTEM (Repair)	
Installation Requirements/Conditions	, , ,	
	Number of trenches	
,	Exact length of each trench <u>340</u> feet Trench Spacing:	
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover:	inches
	Maximum Trench Depth of: 18 inches (Maximum soil cover s	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench	h bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
	Aggregate Depth:	inches above pipe
Conditions: This PERMIT BASED C	IN A Pagrosal From LSS	inches total
VATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR [PRAIN FIELD AREA.	
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept the specification	c of this normit
- approximately and system type specimen	is omercine from the type specification the application. I accept the specifications	s or uns permic.
Owner/Legal Representative Signature:	Date:	
his Construction Authorization is subject to revocation if the site plan,	Date:	ge in ownership of the site. This
onstruction Authorization is subject to compliance with the provinces		SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 9/21/10,	
-	Construction Authorization Expiration Date: (2) 21) 15	
	Source Action transferrence Evhitation Date: 15.(1.1.)	í

HTE# 10	15-25000R
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Harnett County Department of Public Health Site Sketch



