Harnett County Department of Public Health

A building nermit cannot

HTE# 10-5-25190R

Improvement Permit

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26284

A bunding permit cannot be issued w	ich only all improvement rennit	
PROPERTY LOC	ATION: Hry2)0	
ISSUED TO: GARY ROBINSON HOMES SUBDIVISION	GWEN BAKS	LOT # \나
NEW 🔀 REPAIR 🗆 EXTRANSION 🗆	Site Improvements required prior to Con	
Type of Structure: SFD (39'2445')	1	station hathenzation issuance.
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: GPD		
Number of bedrooms: Number of Occupants: max		
Basement \Box Yes \bowtie No		
Pump Required: 🗆 Yes 🛛 🗆 No 🛛 🔀 May be required based on final location and elev	rations of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well 🛛 Distance from well 🔄		nit valid for: Kive years
Permit conditions:		No expiration
Authorized State Agent:: DECENS Date:	10/5/10	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permi	it holder is responsible for checking with appropriate	JEL ATTACHED SHE SKETCH
site is subject to revocation if the site alan plat or the intended use themes. The language Day is 1.11	and appropriate	Foreining workes in meeting then 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 ownership 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.

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 HO	mes property location: H_{v}	06 40		
	~ ~ ~			
Facility Type: SFD (39 ×45)	New 🛛 Expansion 🔲 Repair			
Basement? 🗆 Yes 🗩 No 🛛 Basement I	Fixtures? 🔲 Yes 🛛 🔀 No			
Type of Wastewater System** _ 25% P	LEOUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD		
(See mote helper if another her (
25% R	EDUCTION SYSTEM (Rumphepair)			
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size <u>+000</u> gallons	Exact length of each trench 250 feet	Trench Spacing: Feet on Center		
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: 12-18 inches		
IF NEEDED	Maximum Trench Depth of: $\frac{24-30}{1000}$ inches	(Maximum soil cover shall not exceed		
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)		
	in all directions)	be above the trench bottomy		
Pump Requirements:ft. TDH vs.	,	inches below pipe		
		Aggragate Depthy instance in		
Conditions: DONOT SMEAR SIDE	WALLS OR TRENCH BOTTOM. RAKE	Toency inches total		
IF NECESSORY. MEET ON SITE TO FINALIZE LAYOUT. PERMIT BASED ON PROPOSAL				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR 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:		
	, plat, or the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This		
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent:				
	CONSTRUCTION AUTIONZATION EXDITATION DA	ite: 10/5/16		

