HTE# 10-5-2586 RR

Harnett County Department of Public Health

Improvement Permit

26317

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: GET US 421 SUBDIVISION ROS MCRUE Broce Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD 70 X 60 Proposed Wastewater System Type: Convention Projected Daily Flow: 360 Number of Occupants: (Number of bedrooms: ____ Basement □Yes **№** No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Five years Type of Water Supply:

Community Public Well Distance from well _______feet Permit valid for: ■ No expiration Permit conditions: Date: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking 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 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 ISSUED TO: Stephen T. Milton PROPERTY LOCATION: Old US 421
SUBDIVISION LOSS McLac Brace ☐ Expansion ☐ Repair (Initial) Wastewater Flow: プGロ Type of Wastewater System** (See note below, if applicable □) Number of trenches Installation Requirements/Conditions Exact length of each trench 50 feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6-18 inches Septic Tank Size /OOO gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM Conditions: D-Box to st higher than drain lines for MAX Storage inches above pipe

Start lines at 18 inches to run to 30 inches if needed

WATER LINES (INCLUDING 1990-1990) 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. **|f applicable: / 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: 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 SEE ATTACHED SITE SKETCH 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 permit. Authorized State Agent:

Construction Authorization Expiration Date: 1

25286 R.R. HTE# <u>10-5-25868</u>R

Permit # 26317

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:_	<u> </u>	121			
ISSUED TO: Stephen T. Milton	SUBDIVISION	Rors Mela	e Brae	LOT # _	1	
Authorized State Agent:	CEUS	Date: _	1/31/2011			

Brea Drive DRTIV ર્લ