Harnett County Department of Public Health

HTE# 10-5-25594R

Authorized State Agent::

	Improvement Permit	26734
A buil	lding permit cannot be issued with only an Improvement Permit	
	Iding permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OVERHILL RO	
ISSUED TO: JOSEPH PHULLES	SUBDIVISION TAYLOR	LOT # 4
NEW A REPAIR ロ EXPANSION I Type of Structure: <u>つぼつ(らの'べらの'</u>	Site Improvements required prior to Constr	
Type of Structure:		
Proposed Wastewater System Type: Pump To 25%	REDUCTION	
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: 3 Number of Occupants	: 6 max	
Basement Yes 🗆 No		
Pump Required. Yes 🗆 No 🗆 May be required	based on final location and elevations of facilities	
Type of Water Supply: 🗆 Community 🛛 K Public 🗆		valid for: 🔀 Five years
Permit conditions:		No expiration
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SEE ATTACHED SITE SKETCH 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..

Date:

REHS

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: JOSEPH PHILLIP	\leq PROPERTY LOCATION:	VERHILLS RD	
		LOR	LOT # 4
Facility Type: <u>SFD(60'×60')</u>	New Expansion Repair		
Basement? 🗀 Yes 🛛 Ro 🔤 Basement Fixt	tures? 🗋 Yes 🛛 🗶 No		
Type of Wastewater System** <u>Pump To</u>	25% REDUCTION	(Initial) Wastewater Flow: _	GPD
(See note below, if applicable 🗆)		. ,	
FILL SZ	(·····)		
Installation Requirements/Conditions	Number of trenches	0	
Septic Tank Size \underline{VOOO} gallons	Exact length of each trench $\underline{\$ \circ}$ feet	Trench Spacing:	Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>24-6</u> i	nches
	Maximum Trench Depth of: <u>36-18</u> inches	(Maximum soil cover shall n	ot exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench botte	om)
	in all directions)		,
Pump Requirements:ft. TDH vs	GPM		inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total

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: 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 Construction Authorization is subject to compliance with the provisions the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH RENS Authorized State Agent: Date:

Construction Authorization Expiration Date:

