HTE# 11-5-26139 Harnett County Department of Public Health

Improvement Permit

26423

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 80 1776 010 Itam Elton RD SUBDIVISION CARA Homeston (C) Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% 12500000 System 360 GPD Projected Daily Flow: ____ Number of Occupants: ___6 max Number of bedrooms: Basement □Yes May be required based on final location and elevations of facilities Pump Required: □Yes □ No Type of Water Supply:

Community

Public

Well Distance from well ______ feet Five years Permit valid for: Permit conditions: ■ No expiration 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.. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules .1950, .1954, .1955, .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: JOHN E SMITH JE PROPERTY LOCATION: 521776 DID HAMILTON RD SUBDIVISION CARL Hamelton GST LOT # 6 Basement Fixtures?

Yes Basement? Yes ☑ No (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** 25% TEDUCTUD Systa-(See note below, if applicable \square) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Exact length of each trench Pump Tank Size gallons Soil Cover: 6 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-178 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 Aggregate Depth: _____ inches above pipe _____ 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: / 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Date:

Construction Authorization Expiration Date: 3 - 7 -

Harnett County Department of Public Health Site Sketch

ISSUED TO: John A	PROPERTY LOCATON: SWC 1776 SMEHL TRE SUBDIVISION Cond Horr	nelton RD LOT# 6
Authorized State Agent:	nes & Manhont & Dotes	5 Date: <u>3-7-11</u>
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