HTE# 11-5-26354

Harnett County Department of Public Health

Improvement Permit

26552

| A building permit cannot be issued with only an Improvement Permit | |
|--|---|
| | PERTY LOCATION: HW) & 1 SDIVISION LIZZIAN ROBERTS LOT # 2 |
| NEW X REPAIR □ EXPANSION □ | Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: 5 FO (78 ×50) | |
| Proposed Wastewater System Type: Convention | |
| Projected Daily Flow: 2 12 0 GPD | |
| Number of bedrooms: Number of Occupants: Hamax | |
| Basement □Yes \notin No | |
| Pump Required: ☐Yes ☑ No ☐ May be required based on final location | |
| Type of Water Supply: Community Public Well Distance from | |
| Permit conditions: | No expiration |
| | |
| Authorized State Agent: | Date: 4 3 1 SEE ATTACHED SITE SKETCH |
| 7 | its. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This |
| | t 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. | |
| | |
| Construct | <u>ion Authorization</u> |
| | d for Building Permit) |
| | . 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: BLACKWELL HOMES | DECODED TY LOCATION. Ha as 87 |
| DUNCE NEED TO THE | PROPERTY LOCATION: Hwy 87 SUBDIVISION LIZLIAN ROBERTS LOT # 2 |
| | |
| racility type: | □ Expansion □ Repair |
| Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ | |
| | (Initial) Wastewater Flow: ユ゚゚゚ヿ゚゚ O GPD |
| (See note below, if applicable \square) | |
| FILL | (Repair) |
| <u>Installation Requirements/Conditions</u> Number of trenches _ | 3 9 |
| | trench 90 feet Trench Spacing: 9 Feet on Center |
| | under on control at a son coret. |
| Maximum Trench Dep | th of: 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 | inches below pipe |
| | Aggregate Depth: inches above pipe |
| Conditions: This PERMIT BASED ON A PRO | 12 inches total |
| SOIL SCIENTIST. | |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY P | PART OF SEPTIC SYSTEM OR REPAIR AREA |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. | ART OF SETTIC STSTEM OR REFAIR AREA. |
| NO UTILITIES ALLOWED IN INITIAL OR RELAIN DRAIN FILLD AREA. | |
| **If applicable: I understand the system type specified is different from the ty | type specified on the application. I accept the specifications of this permit. |
| O . /I I I D | D / |
| Owner/Legal Representative Signature: | s. 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 | |
| The second of th | The restriction and to the continues of the pulme. |
| Authorized State Agents | No Date: W/ 20/11 |
| Authorized State Agent: | |
| Construction | on Authorization Expiration Date: 4 3 16 |

Harnett County Department of Public Health Site Sketch

