HTE#11-5-26541

Harnett County Department of Public Health

26566

A building permit cannot be issued with only an Improvement Permit

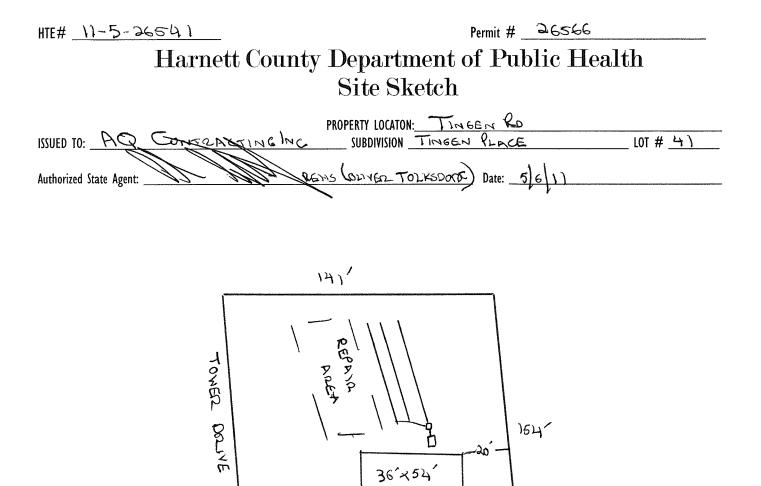
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DRUDEBLA	LOCATION:	TINGEN	Yn
INVILNI	EUCATION.		· · · · · · · · · · · · · · · · · · ·

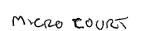
ISSUED TO: AQ CONTRACKING LNC SUBDIVISION	TINCEN PLD	ICE	LOT # 4)
NEW X REPAIR C EXPANSION C	Site Improvements req	uired prior to Construction Au	thorization Issuance:
Type of Structure: シテロ(ラム、メンフィ)	-		
Proposed Wastewater System Type: CONVENTIONAL			
Projected Daily Flow: <u>360</u> GPD			
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max			
Basement 🗆 Yes 🔀 No			
Pump Required: 🗆 Yes 🛛 X. No 🗆 May be required based on final location and el	evations of facilities		s .
Type of Water Supply: Community Vell Distance from well	100 feet	Permit valid for	: 🔀 Five years
Permit conditions:			No expiration
- A A m			
	1.1.		······································
Authorized State Agent:: REHS Date:			ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The pe			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	be affected by a change in owne	isinp of the site. This permit is subje	ct to compliance with the provisions of
Construction	uthorization		
Construction A			
<u>(Required for Bu</u>	v ,		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .195	9 are incorporated by references	into this permit and shall be met. Sy	stems shall be installed in accordance
with the attached system layout.	4		
ISSUED TO: AQ CONTRACTING PROPER	RTY LOCATION: TING	EN RD , PLACE	
SUBDIV	ISION TINGEN	, PLACE	LOT # <u>4</u>)
	ansion 🗆 Repair		
Basement? I Yes X No Basement Fixtures? Yes X No			
Type of Wastewater System**		(Initial) Wastewater Fl	DW: 360 GPD
(See note below if applicable)		(initial) Mastemater In	Jm GID
(See note below, if applicable \Box)	(Deneiv)		
CONTENT 10 DEL			
Installation Requirements/Conditions Number of trenches 3		Q	
Septic Tank Size <u>1000</u> gallons Exact length of each trench		Trench Spacing:	
Pump Tank Size gallons Trenches shall be installed or		Soil Cover: <u> </u>	
Maximum Trench Depth of: _	3C-24 inches	(Maximum soil cover sh	all not exceed
(Trench bottoms shall be leve	el to +/-1/4"	36" above the trench	bottom)
in all directions)			
Pump Requirements:ft. TDH vs GPM		6	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:		00 -0	12 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 cha	ange in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the saws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Date: Date: Date: Date: Construction Authorization Expiration Date: 6 1.6	





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DR-20