HTE# 11-5- 26620 R Harnen County Department of Public health

Improvement Permit

26446

A building permit	cannot be	issued with	only an	Improvement	Permit	

· · · · · · · · · · · · · · · · · · ·	PROPERTY LOCATION: SRIYES COPER-KD	
ISSUED TO: TRAVES DAWSON	SUBDIVISION	LOT # Z
NEW 🗹 REPAIR 🗆 EXPANSION 🗖	Site Improvements required prior to Construction Authorizati	
Type of Structure:		
Proposed Wastewater System Type: 25% REDUCEDUD		
Projected Daily Flow: GPD		
Number of bedrooms: Number of Occupants:	max	
Basement 🗆 Yes 🛛 No		
Pump Required: 🗆 Yes 🛛 No 🕞 May be required based on final lo	location and elevations of facilities	
Type of Water Supply: 🗆 Community 🖅 Public 🔲 Well Distant	ance from well feet Permit valid for:	Five years
Permit conditions: Follow SCIE SKG		□ No expiration
- SMIt	TH NOTION	
Authorized State Agent: James C / (Army	Date: 022001 10-3-13 SEE ATTACHE	ED SITE SKETCH
Authorized State Agent: James & MArchart	Date: DETECTION 10-3-13 SEE ATTACH	ED 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, .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: PRAVIS DAWSON	PROPERTY LOCATION: SRC1	425 cotton MS
	SUBDIVISION	LOT # _ Z
Facility Type:SFD	🗹 New 🖵 Expansion 🗀 Repair	
Basement? 🗆 Yes 🗹 No 🛛 Basement Fixt	tures? 🗆 Yes 🗹 No	
Type of Wastewater System** 25% ZGD	VIJION Syste	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable 🔲)	/	
25°/2 7.501	14200 Sonstran (Repair)	
Installation Requirements/Conditions	Number of trenches	~
Septic Tank Size _/000 gallons	Exact length of each trench feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>24</u> inches	
	(Trench bottoms shall be level to $+/-1/4$ "	
	in all directions)	· · · · · · · · · · · · · · · · · · ·
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe
		Aggregate Depth: inches above pipe
Conditions: 10100 State Sk	etch for Fract LAY BUT	4. IZ inches total
WATER LINES (INCLUDING IRRIGATION) MUST R	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA	ALI AIN ANLA.
**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:		Date:
	lat, or the intended use changes. The Construction Authorization shall not b	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SITE SKETCH
	A I ACTIVES	
Authorized State Agent:	Anhant Date:	<u>8000000 10-3-13</u>
: <i>U</i>	Construction Authorization Expiration D	ate: 10-3-18

Harnett County Department of Public Health Site Sketch ISSUED TO: <u>TRAVES DAWSON</u> SUBDIVISION LOT # 2	HTE# 11-5-26670R	Permit #26446
ISSUED TO: TRAVES DAWSON SUBDIVISION LOT # 2	Harnett County Depa	rtment of Public Health
ISSUED TO: / NAVES DAVISON LOT # 2	Site	Sketch
	ISSUED TO: TRAVES DAWSON SUBDIV	
Authorized State Agent: James and Ambas Date: Da	Authorized State Agent: James 2 Marchan	A

