HTE# 11-5-26620 Harnett County Department of Public Health

Improvement Permit

26446

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SKIYES COKO- KD ISSUED TO: INAUES SUBDIVISION NEW 🗹 REPAIR 🗆 EXPANSION Site Improvements required prior to Construction Authorization Issuance: SFN Type of Structure: Proposed Wastewater System Type: 25% REDUCTOR Number of bedrooms: ______ Number of Occupants: _____ max Basement TYes 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 conditions: ☐ No expiration 5-12-11 Authorized State Agent: 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, .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. Soli REDUCTION Segretary (Repair)

Soli Repair)

Soli Repair)

Soli Cover: Feet on Center inches

Soil Cover: inches (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM Follow State Sketch for Exact Layout.

GPM

Aggregate Depth: 2 inches below pipe

Aggregate Depth: 72 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: 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: 5-12-11 Construction Authorization Expiration Date: 5-12-16

Harnett County Department of Public Health Site Sketch

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