HTE# 11-5-26929R

Harnett county Department of Public Heartn

Improvement Permit

26660

DR HOCETON IN A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OVERNALLS RO
ICCURED TO.
NEW REPAIR
Type of Structure: 380 (Da x 50) (38 x 46)
Proposed Wastewater System Type: Pure To Conventional
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement □Yes ⋈ No
Pump Required: Mes
Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years
Permit conditions:
The copilation
Authorized State Agent: Date: 71411 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 holder in machine their continuous and th
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 Dispussed and to condition this permit.
REVISED 3/28/13
<u>Construction Authorization</u>
(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 most Systems shall be most Systems shall be most Systems and shall be most S
with the attached system layout. DR HOOTON INC.
Facility Type: SFD (38746) New Expansion Repair
Basement? Yes K No Basement Fixtures? Yes No
Type of Wastewater System** Pume To CONVENTIONAL (Initial) Wastewater Flow: 360 GPD
(See note below, it applicable 1)
Pune To CONVENTIONAL (Repair)
nstallation Requirements/Conditions Number of trenches 2
Septic Tank Size <u>LOGO</u> gallons Exact length of each trench <u>JS</u> feet Trench Spacing: <u>J</u> Feet on Center
Down Table Circ.
The state of the s
Maximum Trench Depth of: \\ \sqrt{8} \qquad \text{inches} \text{(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
onditions: PEAM IT BUSED ON PROPOSAL FROM PRPLICANTS LSS Lepth: inches above pipe inches total
/ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
O 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.
77 1 17 17 17 17 17 17 17 17 17 17 17 17
wner/Legal Representative Signature:
is 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
instruction 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
THE SELECTION OF SHE SHELDS
uthorized State Agent: Date: 7 14 11
Construction Authorization Expiration Date: 7/14/16

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Permit # ___ 26660

Harnett County Department of Public Health Site Sketch

