HTE#11-5-26965

Harnett County Department of Public Health

Improvement Permit

26594

A buildin	g permit cannot be issued with or	nly an Improvement	Permit	
	PROPERTY LOCATION	: NURSER	1 KD	
ISSUED TO: CAYINESS LAND DEVE				LOT # <u></u>
NEW 区、 REPAIR C EXPANSION C SFO (58 メ39)		te Improvements requ	iired prior to Construction Author	rization Issuance:
Proposed Wastewater System Type: 25% REDUCKI	IN SYSTEM			
Projected Daily Flow: 360 GPD	·			
Number of bedrooms: 3 Number of Occupants:	c max			
Basement Yes No				
	ed on final location and elevation	s of facilities		
	/ell Distance from well 10		Permit valid for:	Five years No expiration
Authorized State Agent::	RENS Date:	1711	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes. The Laws and Rules for Sewage Treatment and Disposal and to conditions of this	ne Improvement Permit shall not be affect			
	Construction Auth	<u>orization</u>		
	(Required for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .195 with the attached system layout.	5, .1956, .1957, .1958. and .1959 are in	corporated by references i	nto this permit and shall be met. Systems	s shall be installed in accordance
ISSUED TO: CANINESS LAND DEVELOR				
5-1.		ROSEMON	<	LOT # <u>~</u>
Facility Type: SFO(58'73 9')	New 🗆 Expansion	☐ Repair		
Basement? Yes No Basement Fixtures?	☐ Yes 🔀 No			
			(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)			()	-
25% REDUCTION	N SYSTEM (R	anair)		
	,	epan)		
Installation Requirements/Conditions Num	per of trenches		9	
Septic Tank Size 1000 gallons Exac	length of each trench 50	feet	Trench Spacing:	
Pump Tank Size gallons Tren	hes shall be installed on conto	our at a	Soil Cover: 12	inches
Maxi	num Trench Depth of:	inches	(Maximum soil cover shall	not exceed
	ch bottoms shall be level to		36" above the trench bot	tom)
	directions)			,
Pump Requirements:ft. TDH vs GPM	anections			inches helew nine
rump requirementsit. 10ft vs dri			D ./	inches below pipe
0	a 6a.	11 -	Aggregate Depth:	• •
Conditions: PERMY BASED ON A Pao				inches total
PROPOSAL IS FUR A FOUR BE	DROOM SYSTEM. II	tis Dystem	CAN HCCOMODATE	H H BEDROOM Hous
WATER LINES (INCLUDING IRRIGATION) MUST BE 10F NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN		TIC SYSTEM OR R	EPAIR AREA.	
** If applicables I understand the system type specified is dif	arant from the time enecified	on the application	I account the energifications of	this narmit
**If applicable: I understand the system type specified is diff	erent ironi the type specined t	он ине аррисаціон.	r accept the specifications of	uns permu.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the situation, plat, or the	a intended use changes. The Construction	Authorization shall not be	Date:	awnership of the city. This
				ATTACHED SITE SKETCH
Construction Authorization is subject to compliance with the provisions of the Law	and notes for sewage freatment and Dis	posar and to the conditio	ns or uns pernat. SEE	WINCHED SHE SKEICH
Authorized State Agent:	REHS	Date: _	יו (כלד	
Construction Authorization Expiration Date: 7776				

Harnett County Department of Public Health Site Sketch

