HTE# 11-5-26966

Harnett County Department of Public Health

Improvement Permit

26596

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: NURSERRY RO	
ISSUED TO: CANNESS LAND DEY. SUBDIVISION ROSEMONT	LOT # 3
NEW, X REPAIR EXRANSION Site Improvements required prior to Construct	
Type of Structure: SED(S)' X38')	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max	
Number of Decupants:max Basement	
Pump Required: ☐Yes _ May be required based on final location and elevations of facilities	_
Type of Water Supply: Community Public Well Distance from well Feet Permit volume of Water Supply: Permit volume of Water Su	alid for: ÆFive years □ No expiration
Authorized State Agent:: Date: 77711	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 gover 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ning bodies in meeting their requirements. This is subject to compliance with the provisions of
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 with the attached system layout.	met. Systems shall be installed in accordance
ISSUED TO: CAVINES LAND DEV. PROPERTY LOCATION: NURSERRY RE	D
SUBDIVISION ROSEMONT	LOT # <u>-></u>
Facility Type: SFO (S1×38) New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewa	iter Flow: <u>366 </u>
(See note below if applicable \square)	
25% REDUCTION SYSTEM (Repair)	
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing:	Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover:	inches
	over shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the t	
in all directions)	Tenen bottom,
Pump Requirements:ft. TDH vs GPM	inches below pipe
	inches above pipe
Conditions: PERMIT BASED ON A PROPOSAL SUBMITTED WITH	inches total
APPLICATION	
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 specifica	ations 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	
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: 7 7 1	
Construction Authorization Expiration Date: 7716	·

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Permit # 26596

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: NURSERY RO
SUBDIVISION ROSEMONT LOT # 3

LOT # 3

