HTE# 11-5-27065

Harnett county Department of Public Heartn

Improvement Permit

26698

A building permit cannot be issued	with only an Improvement Permit
PROPERTY LO	
ISSUED TO: MOSS HOME BUILDERS SUBDIVISION	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SEO (SOASO)	
Proposed Wastewater System Type: Pume To 25% REDUCTION	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes No	(f. 394)
Pump Required: Yes	
Permit conditions:	No expiration
Termit conduction	In expiration
Authorized State Agent:: Date	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The pe	
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
Construction A	Authorization
(Required for Bu	uilding Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .195	
with the attached system layout.	
ISSUED TO Mary Lines Burn 2005	D. O. S.
ISSUED TO: MOSS HOME BUILDERS PROPE	KIT LUCATION: 1 12 200 G & CO
	ansion Repair
Basement? Yes No Basement Fixtures? Yes No	6
Type of Wastewater System** Pump To 25% REDUCTI	on Stem (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
Pump To 25% REDUCTION	(Repair)
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1000 gallons Exact length of each trench	60 feet Trench Spacing: Feet on Center
Pump Tank Size gallons	- 4
Maximum Trench Depth of:	
(Trench bottoms shall be lev	
in all directions)	a to 17-174 So above the trench bottom)
Pump Requirements:ft. TDH vs GPM	index below wise
runip kequirenentsit. IDN vs Gri	inches below pipe
C. Edward	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART O	F SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If and balls I understand the system time and find in different from the time and	if I am the confirming I amend the confirming the confirming
**If applicable: I understand the system type specified is different from the type spe	citied on the application. I accept the specifications of this permit.
0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan plat, or the intended use changes. The Construction Authorization is subject to revocation if the site plan plat, or the intended use changes.	Date:
This Construction Authorization is subject to revocation if the site plan plat, or the intended use changes. The Con	struction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatment	at and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
What Ill	21 1
Authorized State Agent: Which was a second state Agent:	Date: 8 14 11
Construction Aut	horization Expiration Date: 8 1616

Harnett County Department of Public Health Site Sketch

