HTE# 11-5-2708)

## Harnett County Department of Public Health

Improvement Permit

26694

A building permit cannot be issued with only an Improvement Permit ISSUED TO: GRON ROBINSON HOMES SUBDIVISION GWEN ORKS NEW X REPAIR D EXPAIN Type of Structure: SFO (50 × 40) EXPANSION 🗆 Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% REOVERSON SYSTEM Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: Basement Yes No No 

May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply: 

Community Public 

Well Distance from well 1600 feet Permit valid for: Five years Permit conditions: ☐ No expiration Authorized State Agent:: REAS Date: 8 15 1 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. ISSUED TO: GOOD ROPES PROPERTY LOCATION: NC2NO SUBDIVISION GWEN BACK Facility Type: SGD (SO X40) New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No Basement Fixtures! Li Yes De No 25% Reduction System (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* (See note below, if applicable □) 25% REDUCTION SYSTEM (Repair) Number of trenches \_\_\_\_\ **Installation Requirements/Conditions** Exact length of each trench <u>200</u> feet Trench Spacing: <u>1</u> Feet on Center Trenches shall be installed on contour at a Soil Cover: <u>1</u> inches Septic Tank Size 1000 gallons Pump Tank Size \_\_\_\_\_ gallons Maximum Trench Depth of: \_\_\_\_\_\_ inches (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 Aggregate Depth: \_\_\_\_\_\_ inches above pipe Conditions: PERMIT BASED ON PROPOSAL SUBMITTED WITH 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 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: Construction Authorization Expiration Date:

HTE# 11-5-	37081	١
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## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: NC210

SUBDIVISION GWEN ORKS

LOT # 36

