HTE# 11-5-21260

Harnett County Department of Public Health

Improvement Permit

26697

A building permit cannot be issued with only an Improvement Permit ISSUED TO: ISSUED TO: ISSUED TO: SUBDIVISION PATTONS POINT PROPERTY LOCATION: TINGEN RO EXPANSION 🗆 REPAIR 🔲 🔒 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (50×30')
Proposed Wastewater System Type: 25% RED VOTION SYSTEM Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number Number of bedrooms: Number of Occupants: Basement 🗆 Yes Pump Required: □Yes **E** No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public
Well Distance from well 100 feet Permit valid for: Five years Permit conditions: ☐ No expiration Authorized State Agent::

Date: 7 15 11

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantee 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: ISCAEL LUCAS

PROPERTY LOCATION: TINGEN RO
SUBDIVISION PATTONS POINT Facility Type: 550 (58 × 30) X New Expansion Basement Fixtures? Tes No (Initial) Wastewater Flow: 360 GPD Basement? Yes No Type of Wastewater System** (See note below, if applicable □) Pump To 25% REDUCTION (Repair) Installation Requirements/Conditions Number of trenches \(\)\ Septic Tank Size 1000 gallons Exact length of each trench 120 feet Trench Spacing: 4 Feet on Center Pump Tank Size _____ gallons Soil Cover: 12-18 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-36 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 inches total 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:

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: TIMEEN RO	
ISSUED TO: ISCARD	MICH SUBDIVISION PATTONS POINT	LOT # 7 O
Authorized State Agent:	REHS COLINGR TOLKSDORD Date: 8 15/11	
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