Harnett County Department of Public Health

HTE# 11-5.27466

Authorized State Agent:

26715

Improvement Permit			26715	
	building permit cannot be issued with only an Imp			
	PROPERTY LOCATION:			
ISSUED TO: BUL CLARK HOM		ns POINT	LOT # 2)	
NEW 🔀 REPAIR 🗆 -EXPANSI		ments required prior to Construction Author		
Type of Structure: SED(46×53)		mente requires provi to construction Astric	intation issuance.	
Proposed Wastewater System Type: Pump To 2	15% REDUCTION			
Projected Daily Flow: <u>360</u> GPD				
Number of bedrooms: <u>></u> Number of Occu	pants: G max			
Basement 🗆 Yes 🔀 No				
Pump Required 🔀 Yes 🗆 No 🗀 May be requ	ired based on final location and elevations of facilit	ies		
		feet Permit valid for:	Five years	
Permit conditions:			\square No expiration	
			in cophation	
			······································	
Authorized State Agent::	Date: 9/30/) \ SEE AT	TACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is respons	ible for checking with appropriate governing hodies i	n meeting their requirements This	
site is subject to revocation if the site plan, plat, or the intended use	changes. The Repr ovement Permit shall not be affected by a char	ige 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 conditio	ns of this permit.			
	Construction Authorizati	on		
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1	954 1955 1956 1957 1958 and 1959 are incorporated by	references into this permit and shall be mot Sustem	e shall be inserted in secondary	
with the attached system layout.	in the morphated by	references into this permit and shan be met. system	s shall be installed in accordance	
	_			
ISSUED TO: BILL CLARK HOM	PROPERTY LOCATION:	LINGEN KD		
	SUBDIVISION PAT	TONS POINT	LOT # 21	
Facility Type: <u>SFD (26753)</u>	🔀 New 🗆 Expansion 🗆	Repair		
Basement? 🗆 Yes 🔀 No 🛛 Basement Fix	tures? 🗆 Yes 🚬 🗙 No	·		
Type of Wastewater System** Pump To	25% REDUCTION SYST	6n (Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable)		(initial) Wastewater 110w.		
	25% REDUCTION (Repair)			
Installation Requirements/Conditions	Number of trenches			
		· · · · · · · · · · · · · · · · · · ·	_	
Septic Tank Size 1000 gallons	Exact length of each trench 150	feet Trench Spacing: <u>9</u>	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>12-78</u>	inches	
	Maximum Trench Depth of: <u>22-30</u>	inches (Maximum soil cover shall	not exceed	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bot	tom)	
	in all directions)		,	
Pump Requirements:ft. TDH vs			inches below pipe	
· · · ·		Aggregate Depth:	inches shows size	
Conditions:				
			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: Date: Authorization is subject to promite

		he intended use changes. The Construction Authorization shall not be transferred when there is a	a change in ownership of the site. This
Construction Authorization is subject to compliante with the provision	f the Lav	rs and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
14 H + H H	~~~~		

Construction Authorization Expiration Date:

Date:

RGAS

