HTE#_//-5-27637 Harnett County Department of Public Health	
Improvement Permit	26536
A building permit cannot be issued with only an Improvement Permit	
	LOT # <u>3</u>
NEW REPAIR EXPANSION / Site Improvements required prior to Construction Au Type of Structure: SFD	thorization Issuance:
Proposed Wastewater System Type: 25020 RASTON	
Projected Daily Flow: <u>360</u> GPD	·····
Number of bedrooms: Number of Occupants: max Basement 🛛 Yes 🗖 No	
Pump Required: 🗆 Yes 🗆 No 🗹 May be-required based on final location and elevations of facilities	·····
Type of Water Supply: Community Public Well Distance from well feet Permit valid for Permit conditions:	: Five years I No expiration
d i loskus	
Authorized State Agent: Date: Date: DEE	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 bod 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 subjet the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	es in meeting their requirements. This
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. Sy with the attached system layout.	tems shall be installed in accordance
ISSUED TO: Beinard F Vare PROPERTY LOCATION: SNICOL OT DSTRE SUBDIVISION CAthy P McLab	BRD
Facility Type:	LOI #
Type of Wastewater System** <u>252 1200000 System</u> (Initial) Wastewater Flo	w: 360 GPD
(See note below, if applicable □) 25222 Reference (Repair)	". <u></u> u v
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size 1000 gallons Exact length of each trench 30 feet Trench Spacing: 7	Feet on Center
rund frank size ganons frenches shan be instaned on contour at a soli cover:	inches
Maximum Trench Depth of: 24 inches (Maximum soil cover sh (Trench bottoms shall be level to +/-1/4" 36" above the trench	
(Trench bottoms shall be level to $+/-1/4$ " 36" above the trench in all directions)	bottom)
	<u>k</u> inches below pipe
Pump Requirements:ft. IDH vs GPM Aggregate Depth: Conditions:	inches above pipe
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:	
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.	
Authorized State Agent: Date: Date:D	
- Construction Authorization Expiration Date:/ D[6	16



Authorized State Agent:

10 - 10 - 11

Date: ____

