## HTE# 11-5-27673 Harnett County Department of Public Health

Improvement Permit

26542

A	building permit cann	ot be issued wit	h only an Improvement	Permit NEIGHBONS	20
ISSUED TO: Ken DAWSON Hon	a IN	CHRUIVICION	Bennett	Place	LOT # 31
NEW ✓ REPAIR □ EXPANSIO		_ אטונוזועפטנ		uired prior to Construction Auth	
Type of Structure: SFD			site improvements req	and prior to construction natio	orization issuance.
Proposed Wastewater System Type: 25% IZED U LOT	un Syste-	• •			
Projected Daily Flow: 360 GPD					
Number of bedrooms: Number of Occup	pants:6	max			, , , , , , , , , , , , , , , , , , , ,
Basement ☐Yes ✓ No					
Pump Required:   ✓ Yes   ✓ No   ✓ May be required:	ired based on final lo	cation and eleva	tions of facilities		_/
Type of Water Supply:   Community Public	□ Well Distan	ce from well	feet	Permit valid for:	Five years
Permit conditions:					
Authorized State Agent:	2houte	Date:	10-25-11	CEE V	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	ntees the issuance of other				
site is subject to revocation if the site plan, plat, or the intended use of	changes. The Improvement				
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit				
	Constru	<u>uction Au</u>	<u>thorization</u>		
	(Reg	uired for Buildi	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1				into this permit and shall be met. Syste	ms shall be installed in accordance
with the attached system layout.					
ISSUED TO: Ken Draton Hon	en Tix	PROPERTY	INCATION: SA	107 NETGHBON	15 RD
133010 10.		CHRUINICH	N Bon of	PIACA	10T # 3/
Facility Type:SF75	☑ New	Fynans	ion $\square$ Repair	111000	LUI T
Parament? Ver IV No Parament Five	turas? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□Z No	•		
Type of Wastewater System** Markery	Let $150$ $1$	スタン	J-5-6	(Initial) Wastewater Flow	. 3/20 cm
(See note below if applicable $\square$ )	-0 CO 10 PC	Epo Ca Sc	- Jys 12	(IIIIIai) wastewater riow	: <u>360</u> GPD
(See note below, if applicable Late		. /			
Installation Dominaments/Conditions	Number of trench	3	_(nepair)		
				Turnet Carriery 9	F4 C4
Septic Tank Size 1000 gallons			100 feet	Trench Spacing: 2	
Pump Tank Size 1000 gallons	Trenches shall be			Soil Cover:	inches
3 - 1/z"schyo valves	Maximum Trench	•		(Maximum soil cover shall	
	(Trench bottoms	shall be level t	0 +/-1/4"	36" above the trench be	ottom)
on manchee.	in all directions)			/	
Pump Requirements:ft. TDH vs	GPM				inches below pipe
				Aggregate Depth:	inches above pipe
Conditions:					12 inches total
		***********		· · · · · · · · · · · · · · · · · · ·	
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM AN	NY PART OF S	EPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D					
····					
**If applicable: / understand the system type specified	t is different from t	the type specific	ed on the application.	I accept the specifications of	t this permit.
Owner/Legal Representative Signature:					· · · · · · · · · · · · · · · · · · ·
This Construction Authorization is subject to revocation if the site plan, p	•	*		•	•
Construction Authorization is subject to compliance with the provisions o		<del></del>		ons of this permit. 3E	E ATTACHED SITE SKETCH
Authorized State Agent: Date: 10-25-11					
Authorized State Agent: Date: 10-25-41					
Authorized State Agent: Date: 10-25-4/ Construction Authorization Expiration Date: 10-25-46					

## Harnett County Department of Public Health Site Sketch

