HTE# 11-5-277/9 Harnett County Department of Public Health

Improvement Permit

26773

A building permit cannot be issued with only an Improvement Permit Proposed Wastewater System Type: 25% Reduction Tyster Projected Daily Flow: ________GPD Number of bedrooms: 3 Number of Occupants: max Basement Yes Pump Required: □Yes Type of Water Supply:
Community Public Well Distance from well feet Five years Permit conditions: ☐ No expiration Authorized State Agent:

Date: 11/15/2011 SEE ATTACHED SITE SKETCH

The issuance of this permit by late 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. Basement? | Yes | No Basement Fixtures? | Yes | No.

Type of Wastewater System** | 25% Reduction System (Initial) Wastewater Flow: 360 GPD Repair)

Soil Cover:

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Septic Tank Size /OO O gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 24-30 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 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 SEE ATTACHED SITE SKETCH 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. Construction Authorization Expiration Date: 11/15/2016

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Permit # 26773

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Marks Ld.	
ISSUED TO: Wyan Controction	SUBDIVISION Cooper Forms	LOT # <u>36</u>
Authorized State Agent: Lyon Many Le	EUS Date:	-/2011

