11-5-27794R A HTE#\_11-5-27795RB

## Harnett County Department of Public Health

27833

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: Kirk Adama Rd.				
ISSUED TO: Scinivasia Badarinara	PROPERTY LOCAT	ION: IZIFIX MO	ama ma	LOT # 3
NEW ☑ REPAIR ☐ , EXPANSION	SUBDIVISION	Site Improvements requ	ired prior to Construction Authori	
Type of Structure: SFO 60 X 110				
Proposed Wastewater System Type: 25% Reduct	on System			
Projected Daily Flow: 600 GPD	,			
Number of bedrooms: Number of Occupa	nts: <u>/O</u> max			
Basement □Yes ☑ No				
Pump Required: □Yes □ No ☑ May be requir	ed based on final location and elevat	tions of facilities		
Type of Water Supply:  Community Public Permit conditions:	☑ Well Distance from well	/OO feet	Permit valid for:	
		. i		
Authorized State Agent: Luga Mchain	LEHS Date:	3/26/2014	CET ATTA	CUED CITE EVETCH
The issuance of this permit by the Health Department in no way guarante site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditions	es the issuance of other permits. The permit l inges. The Improvement Permit shall not be af	holder is responsible for chec	king with appropriate governing bodies in	CHED SITE SKETCH meeting their requirements. This compliance with the provisions of
	<b>Construction Aut</b>	horization		
	(Required for Buildin			
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.	4, .1955, .1956, .1957, .1958. and .1959 are	incorporated by references in	•	
ISSUED TO: Srinivasia Badarinaray	PROPERTY CURDINISION	LOCATION: <u>Kirk</u>	Adams Rd.	LOT # 3
Facility Type:	_ ✓ New ☐ Expansion	on 🗌 Repair		LUI # <u></u>
Basement?  Yes No Basement Fixtu	E New Expansion res?	un 🗀 nepair		
	uction System		(Initial) Washington Floring	(00 cpp
/C / L   '/ L' L   \( \bullet \)	•		(Initial) wastewater flow: _	<u>600</u> GPD
(See note below, if applicable □)	dia Cala	/h ' \		
- 70 /CEUO	4. un System  Number of trenches 3	_(Kepair)		
			<b>.</b> 0	
Septic Tank Size <u>/250</u> gallons	Exact length of each trench /3	teet	Trench Spacing: 9 Soil Cover: 6-8 in	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cor			
	Maximum Trench Depth of: 18		(Maximum soil cover shall n	
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench botto	om)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
Conditions: Septic Contractor to neet or drain Field and or repair area	1 . 1 . 1 . 1		Aggregate Depth:	inches above pipe
Conditions: Jeptic Contractor to neet or	iste proor to installing	system, No	driving	inches total
i draintield and or repair area	. It fall tromtonk c	annot be achi	red a pumptank w	ill be required
WATER LINES (INCLUDING IRRIGATION) MUST BE NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR	10FT. FROM ANY PART OF SE			·
The state of the s				
**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, pla			•	•
Construction Authorization is subject to compliance with the provisions of t		Disposal and to the condition	s of this permit. SEE A	TTACHED SITE SKETCH
Authorized State Agent: Super Mosain REHS Date: 3/26/2014				
Construction Authorization Expiration Date: 3/26/2019				

## Harnett County Department of Public Health Site Sketch

