HTE#11-5-27-802-RR Harnett County Department of Public Health

Improvement Permit

26972

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: GARLY ROBINSON HOMES SUBDIVISION GIVEN OAKS LOT #G)
NEW X REPAIR LI EXPANSION LI Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO(32×52)
Proposed Wastewater System Type: Pume To 25% REDUCTION
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement Tyes No
Pump Required: Xes No May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years
Permit conditions: □ No expiration
and the superior of the superi
Authorized State Agent:: SEE 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 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.
ISSUED TO: GARY ROBINSON HONES PROPERTY LOCATION: NC2105
CHADAMICION C C. CONS
Facility Type: 550 (35×53) New Expansion Repair
The state of the s
nstallation Requirements/Conditions Number of trenches 1
ieptic Tank Size 1000 gallons Exact length of each trench 250 feet Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: inches
Maximum Trench Depth of: 12 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 inches below pipe
Aggregate Denth: inches above nine
Conditions: MINIMUM 6" OF COVER NEEDED OVER DRAINFIELD inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. IO 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.
wner/Legal Representative Signature: Date:
tis Construction Authorization is subject to revocation of 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
onstruction Authorization is to compliance with the presistant of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
11 Mallel Me
uthorized State Agent: Date: 3 2012
Construction Authorization Expiration Date: 3207

Harnett County Department of Public Health Site Sketch



