HTE# 11-5-27813 Harnett County Department of Public Health

Improvement Permit

26779

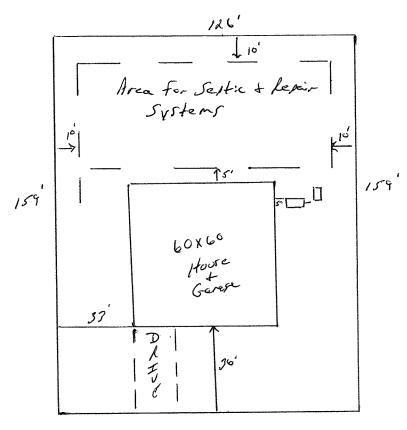
Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pump to 25% leduction System Projected Daily Flow: 480 GPD Number of Occupants: E max Number of bedrooms: ____ Basement □Yes ✓ ☑ No Type of Water Supply:

Community Public

Well Distance from well ______ feet Five years Permit valid for: ☐ No expiration 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 (See note below, if applicable □) Number of trenches _______ Feet on Center Trenches shall be installed on contour at a Soil Cover: _____ inches Installation Requirements/Conditions Septic Tank Size / 000 gallons Pump Tank Size ______ gallons Maximum Trench Depth of: 180 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 Aggregate Depth: _____ inches above pipe Conditions: Call when cleared for lavort 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: / understand the system type specified is different from the type specified on the application. / 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 11/23/2016

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Down Rd.	
ISSUED TO: Wyn Contraction	SUBDIVISION Trotters Lidge	LOT # 89
1		
Authorized State Agent: August Municipal State Agent:		2011
° 7) 1		



Horse whisperer Lane