HTE# 11-5.27856

Harnett County Department of Public Health

Improvement Permit

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A	building permit cannot be issued with			
	PROPERTY LOCAT	ION: NURSER	7.16	
ISSUED TO: CAVINESS LAND DE	AFTOKWENI ZARDIAIZION -	ROSEMONT		LOT # <u>\ 9</u>
NEW X REPAIR □ EXRANSIO Type of Structure: <u>S€O (53'×38'</u>)	N L	Site Improvements req	uired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: <u>25%</u> RECOV	STALL SYSTEM			
Projected Daily Flow: GPD	STICK STREET			
Number of bedrooms: 3 Number of Occup	ants: <u> </u>			
Basement \Box Yes X No	ants: <u> </u>			
- 1	red based on final location and elevat			
Type of Water Supply: Community X Public	Wall Distance from well k	foot	Permit valid for:	Five years
Permit conditions:	Wen Distance noin wen		rennit vanu ivi.	No expiration
				I NO expiration
Authorized State Agent:	REHS Date:	11/22/11	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran			cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use c	hanges. The Improvement Permit shall not be at	fected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
			······································	
	Construction Aut	horization		
	(Required for Buildir			
The construction and installation requirements of Rules .1950, .1952, .19			into this parmit and shall be met Systems	shall be installed in accordance
with the attached system layout.		incorporated by references	into this permit and shall be met. systems	shan be instance in accordance
			5	
ISSUED TO: CAVINEES LAND DEVE	DORMENT PROPERTY	LOCATION: <u>N</u>	IRSERY KD	
c = a lost a D	SUBDIVISIO	Kasemon	5	LOT # 19
Facility Type: <u>570 (53'×38')</u>	🔄 🕱 New 💭 Expansi	on 🗆 Repair		
Basement? 🗆 Yes 🛛 No 🛛 Basement Fixe	ures? 🗆 Yes 🛛 🛣 No			
Type of Wastewater System** 25% R	EQUCTION SYSTEM	n	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable X)				
25% RE	DUCTION SYSTEM	(Repair)		
Installation Requirements/Conditions	Number of trenches 3	-\ 1 /		
Septic Tank Size 1000 gallons	Exact length of each trench	67 feet	Trench Spacing:	Feat on Center
Pump Tank Size gallons	Trenches shall be installed on co			nches
	Maximum Trench Depth of: 31			
	•		(Maximum soil cover shall r	
	(Trench bottoms shall be level to	⊤/-1/4	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total

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.



