## Harnett County Department of Public Health

Improvement Permit

26791

Proposed Wastewater System, Type: 25% Leduction System Projected Daily Flow: 480 GPD 4 Number of Occupants: 8 max Number of bedrooms: \_\_\_\_ Basement Tyes □ No May be required based on final location and elevations of facilities Pump Required: 

Yes Type of Water Supply: 

Community Public Well Distance from well \_\_\_\_\_\_\_ feet Permit valid for: Five years ☐ No expiration Permit conditions: Authorized State Agent:

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. (See note below, if applicable 25% Reduction System (Repair)

Number of trenches 2 Installation Requirements/Conditions Exact length of each trench / OO feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: / 8 - 6 inches Septic Tank Size \_\_\_\_\_ gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 36-18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) Pump Requirements: \_\_\_\_\_ft. TDH vs. \_\_\_\_\_ GPM inches below pipe Conditions: Start ditcher at 36 inches + run to 18 inches iFrieded 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. \*\*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, Authorized State Agent: Suga Morain All H Construction Authorization Expiration Date: 1/24/2017

## Harnett County Department of Public Health Site Sketch

PROPERTY !	OCATON: Doc's Rd.
ISSUED TO: Wynn Construction SUBDI	VISION Inotter Ridge LOT # 96
Authorized State Agent: Authorized State Agent: Me Main REHS	Date: 1/24/2012
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