HTE# 12-5-28173

## Harnett County Department of Public Health

26879

Imp	ro	ver	ne	nt	Per	<u>mit</u>	

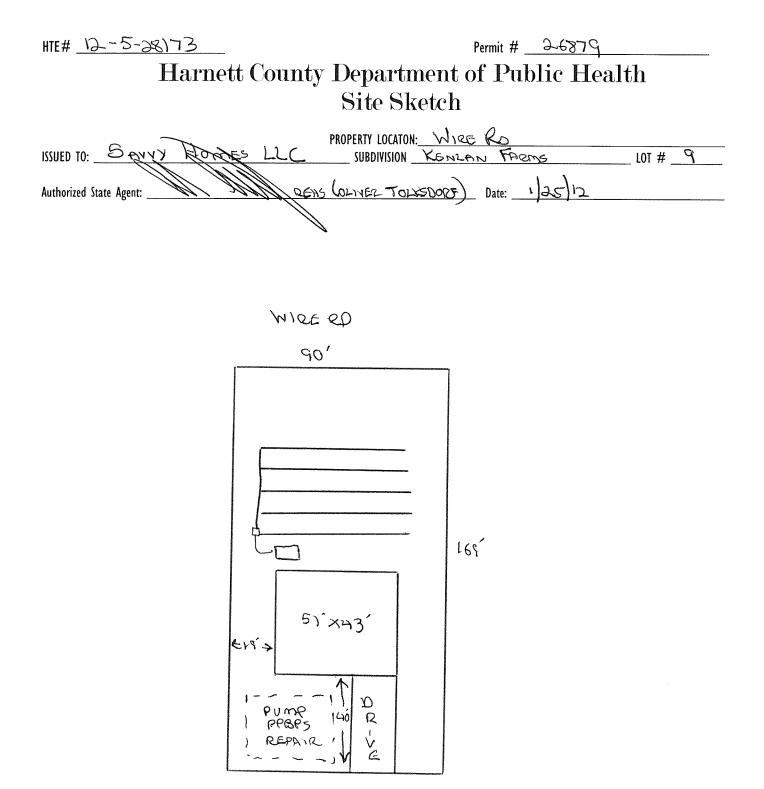
A building per	rmit cannot	be	issued	with	only	an	Improvement	Permit
01							· · · · ·	

PROP	ERTY LOCATION: WIRE KO	
ISSUED TO: SAVY HOMES LLC SUBI	DIVISION KENLAN FOR	ms LOT #_9
NEW 🗙 REPAIR 🗆 EXPANSION 🗆	Site Improvements requir	ed prior to Construction Authorization Issuance:
Type of Structure: <u>SFO (5) メンス子)</u>		
Proposed Wastewater System Type: 25% REDUCTION		
Projected Daily Flow: GPD		
Number of bedrooms: Number of Occupants: max		
Basement Yes No		non a constitut strand and opport
Pump Required: 🗆 Yes 🔥 No 👘 🗌 May be required based on final location		
	m well <u>+00</u> feet	Permit valid for: Kive years
Permit conditions:		No expiration
Authorized State Agent::	Date: 125/2	
Authorized State Agent:: RGA 5 The issuance of this permit by the Health Department in no way guarantees the issuance of other permit		SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit		
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	· -	· · · · ·
Constructi	on Authorization	
	for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958.	<b>e</b> ,	this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		
ISSUED TO: SAVYY HOMES LLC		
	PROPERTY LOCATION:	
		<u>FARMS</u> LOT # <u>9</u>
	🛛 Expansion 🛛 Repair	
Basement? I Yes X No Basement Fixtures? I Yes X		
Type of Wastewater System** _ 25% REDUCTION	DYJJEM	_ (Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable 🖾)		
PUMPTO PPBPS	(Repair)	
Installation Requirements/Conditions Number of trenches	5	<u> </u>
Septic Tank Size 1000 gallons Exact length of each		rench Spacing: Feet on Center
Pump Tank Size gallons Trenches shall be insta		oil Cover: 6-72 inches
. – – – – – – – – – – – – – – – – – – –	h of: <u>18-22</u> inches	(Maximum soil cover shall not exceed
(Trench bottoms shall		36" above the trench bottom)
in all directions)		
Pump Requirements:ft. TDH vs GPM		inches below pipe
1 unp requirementsit. 1011 Ys 0111		•••
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.

<u>\*\*If applicable:</u> / 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, plat, or the intended use changes. The Construction Author	rization 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 a	and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization	$\frac{1}{25}$



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