## Harnett County Department of Public Health

HTE# 12-5.28483

26967

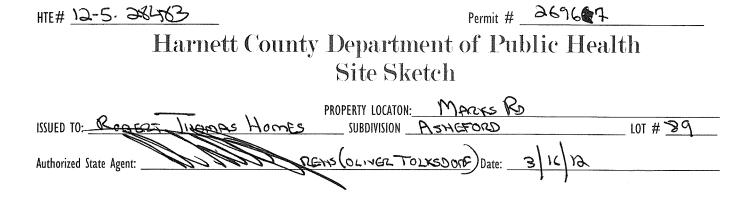
Improvement Permit

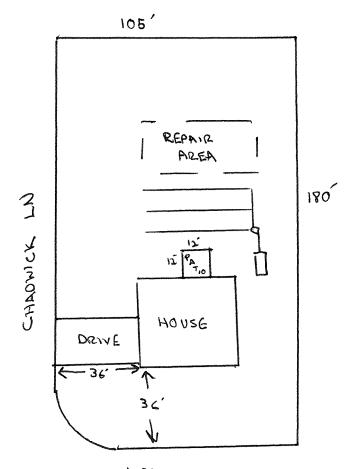
A	building permit cannot be issued w			
ISSUED TO: ROBERT TIJOMAS 1-		ATION: MARXE ASHEFORD	10	
NEW REPAIR C ~ EXPANSIO			ruived prior to Construction Author	LOT # <u>89</u>
Type of Structure: 5=0 (38'×42)		site improvements ret	quired prior to Construction Author	rization issuance:
Proposed Wastewater System Type: 25% RED	(XTION			
Projected Daily Flow:				
Number of bedrooms: Number of Occup	<sub>pants:</sub> 8 <sub>max</sub>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Basement 🗆 Yes 📈 No				
	ired based on final location and elev	vations of facilities		_
Type of Water Supply: 🗆 Community 🔀 Public			Permit valid for:	Five years
Permit conditions:				No expiration
las la				— <b>t.</b>
		1.1		
Authorized State Agent::	REAN Date:	3/2/16	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The perm	it holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be as of this permit	affected by a change in owne	ership of the site. This permit is subject to	compliance with the provisions of
and hand and hand for senage meanment and suppose and to contained	s of this permit.			
	Construction A.		······································	
	<u>Construction</u> Au	Itnorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1	954, .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: ROBERT DHOMPS H	IOMES PROPERT	Y LOCATION: MG	ARCKS RD	
		ION ASHEFOR		LOT # 89
Facility Type: 500 (38×42)	X New 🗆 Expar			
	tures? 🗆 Yes 🔀 No	ision 🗆 nepan		
Type of Wastewater System**	FORTION SX-F		(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable $X$ )		-// `	(miliai) wastewater riow:	TO GPD
(see note below, it applicable act)	REDUCTION	(D		
		(Repair)		
Installation Requirements/Conditions	number of denency	50	· · · · 9	
Septic Tank Size 1000 gallons	Exact length of each trench		Trench Spacing: <u></u>	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on			inches
	Maximum Trench Depth of: 🚊		(Maximum soil cover shall i	
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	tom)
	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.

\*\*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:		Date:			
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: 3	5 17			





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