HTE#12-5-28862 Harnett County Department of Public Health

Improvement Permit

26844

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 17W4421 SUBDIVISION BRIT Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: 252 RBDUCTER Projected Daily Flow: 360 GPD Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max Basement TYes Five years Permit conditions: ☐ No expiration ? Date: _ 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 25% 2600 Syste (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) 125% iZ6W CC2W Sy570_____(Repair)
ons Number of trenches Z Number of trenches Z

Exact length of each trench 150 feet Trench Spacing: Feet on Center Trenches shall be installed on contour at a Soil Cover: inches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: 24 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 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. **|f applicable: / 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. Date: 5-4-12 Authorized State Agent:

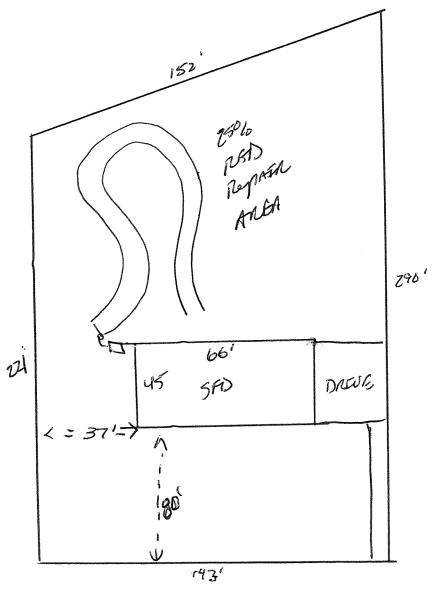
Construction Authorization Expiration Date:

HTE# 12-5-2880Z

Permit # <u>26844</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Hwy 421	
ISSUED TO: JA JOHNSON CONST	SUBDIVISION 3.7	LOT # <u>2</u>
Authorized State Agent Jones & Manu	hander Date:	5-4-12



Hwy 421