Harnett County Department of Public Health

Improvement Permit

27003

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 321435 Trupp RD ____ SUBDIVISION ___ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: ____ Projected Daily Flow: 360 Number of Occupants: __ 6 max Number of bedrooms: ___ Basement TYes May be required based on final location and elevations of facilities ☐ No Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well ________feet Five years Permit valid for: ☐ No expiration Permit conditions: Date: ___ 5-23-12 Authorized State Agents 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. PROPERTY LOCATION: 31435 Trapp 115 ☐ Repair Facility Type: ___ Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25010 RSi)VCTZVV System* (Initial) Wastewater Flow: 360 GPD (See note below, if applicable \square) Installation Requirements/Conditions Septic Tank Size // / gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 22 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. **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. Date: 5-23-12 Authorized State Agent:

Construction Authorization Expiration Date: 5-23-17

Harnett County Department of Public Health Site Sketch

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ISSUED TO:	6 regon	INC	SUBDIVISION			LOT #/
Authorized State	Agept Jones	E Mank	my the thes	Date:	5-23-	12

