HTE# 12-5-2925

## Harnett County Department of Public Health

Improvement Permit

27074

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: NC210	
ISSUED TO: GART ROBINSON HOMES SUBDIVISION GWEN OAKS LOT # 30	<u>)                                    </u>
NEW X REPAIR   EXPANSION   Site Improvements required prior to Construction Authorization Issuance:  Type of Structure: SFO (35.450)  Proposed Wastewater System Type: 2570 REPURED TO A SYSTEM	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	_
Basement 🗆 Yes 🔀 No	
Pump Required:   No May be required based on final location and elevations of facilities	_
Type of Water Supply:   Community Public   Well Distance from well   Five years   Permit conditions:   No expiration	
Authorized State Agent:  Date: 7/12/13  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. To 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	of
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.	e
ISSUED TO: GARY ROBINSON HOMES PROPERTY LOCATION: NC210	
SUBDIVISION GWEN OAKS LOT # 30	
Facility Type: SFD (32×50') New Expansion Repair	
Basement? 🗆 Yes 🔀 No Basement Fixtures? 🗆 Yes 🔀 No	
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable [])	
25% REDUCTION SYSTEM (Repair)	
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons Exact length of each trench 380 feet Trench Spacing: 9 Feet on Center	
HEEDED PLANIFICATION TREACT DEPTH OF 15 Inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)	
in all directions)	
Pump Requirements:ft. TDH vs GPM inches below pi	рe
Aggregate Depth: inches above p	
Conditions: inches to	
NATER 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:	
his 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 professional the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	
Authorized State Agent: Date: 7)12/12	
Construction Authorization Expiration Date:	
Construction Authorization Expiration Date. 71211	- 1

## Harnett County Department of Public Health Site Sketch

