HTE# 12-5-29552

Harnett County Department of Public Health

27130

Immeral		Doumit
Improv	ement	Permit

A building permit cannot l	e issued with only an Improvemen DPERTY LOCATION:	nt Permit	
ISCHED TO: TIME HAVE DUNCE	RDIVISION Tese's R	ind .	LOT #
ISSUED TO: <u>Timothy J. Owen</u> SU NEW REPAIR D. EXPANSION D	Site Improvements re	equired prior to Construction Authoriz	
Type of Structure: SFD 64 X100	site improvements it	equired prior to construction nations	Lation issuance.
Proposed Wastewater System Type: <u>Conventional</u>			
Projected Daily Flow: <u>480</u> GPD			
Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> may		····	
Basement \Box Yes \Box No			
Pump Required: 🗆 Yes 🗹 No 🗆 May be required based on final locati	on and elevations of facilities		
Type of Water Supply: Community Public Well Distance f		Permit valid for:	Five years
Permit conditions:			No expiration
	, <u>,</u>		•
Authorized State Agent .: Druge Mywaig REHS	_ Date: 8/28/2	ックス SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other per			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Perm	it shall not be affected by a change in ow	mership of the site. This permit is subject to o	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
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Lonstruc	tion Authorization		
(Require	d for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .195 with the attached system layout.			
ISSUED TO: <u>Timethy J. Owen</u> Facility Type: <u>SFD</u> Mew	PROPERTY LOCATION R	ed Pond Rd	
1330ED 10	CURDIVICION Jercie	Rud	LOT #
	SUDDIVISION Renain	· · · · · ·	LOI #
Basement? S Yes No Basement Fixtures? Yes	Li Expansion Li nepan	1	
Basement! I les I no basement rixiures! I les I	INO	(Initial) Wastewater Flow: _	
Type of Wastewater System** Convention		(Initial) Wastewater Flow: _	<u>480</u> GPD
(See note below, if applicable \Box) (See note below, if applicable \Box)			
conventional	(Repair) 4 trench /00 feet		
Installation Requirements/Conditions Number of trenches	4	0	
Septic Tank Size <u>/OOO</u> gallons Exact length of each	trench <u>/00</u> feet	Trench Spacing: <u>9</u>	Feet on Center
	stalled on contour at a	Soil Cover: <u>6-8</u> i	nches
Maximum Trench De	pth of: <u>18-20</u> inches		ot exceed
	ll be level to +/-1/4"	36" above the trench bott	om)
in all directions)			,
Pump Requirements:ft. TDH vs GPM			inches below pipe
1 amp negaritmentsn, 1011 13 0111		Aggregate Depth:	
Conditions:			inches above pipe

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: / 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 and the construction and the site plan, plat, or the intended use changes.	uthorization 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 Dispo	osal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	:
Authorized State Agent: Mison and REHS Construction Authorization	Date: <u>F/28/20/2</u> on Expiration Date: <u>F/20/20/7</u>	

