HTE# 12-5-29929

Harnett County Department of Public Health

Improvement Permit

27182

A	building	permit	cannot	be	issued	with	only	an	Improvement Permit	
	•	•					•		1' A	

PRO)PERTY LOCA	ATION: WIDE	KO		
ISSUED TO: SAMAY 1-LOMES SUB	BDIVISION 🗋	KENLAN	FARMS		LOT # 46
NEW REPAIR EXPANSION D Type of Structure: SFO (44)×57 Proposed Wastewater System Type: PUMPTO DS% REDUCTION		Site Improvement	s required prior t	o Construction Author	ization Issuance:
Type of Structure: SFO (4)4 ×57)					
Proposed Wastewater System Type: PUMITO 25% REDUCTION	60				
Projected Daily Flow: 480 GPD					
Number of bedrooms: 4 Number of Occupants: 8 max					
Basement 🗆 Yes 📉 No					
Pump Required: 🖾 Yes 🛛 🗆 No 🔅 🖓 May be required based on final locatio	on and eleva	ations of facilities			
Type of Water Supply: Community Y Public Well Distance fro	rom well 🔄	100 feet		Permit valid for:	Five years
Permit conditions:					🗆 No expiration
Authorized State Agent.	Date:	10/24/12		SEE ATT	ACHED 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 with the attached system layout.

ISSUED TO: SAVRY HOMES	PROPERTY LOCATION:	LE RO	
~	CURDIVISION KENDRAL		,
Facility Type: SFO (447×57)	New Expansion Repair		
Basement? 🗆 Yes 🔀 No 🛛 Basement	Fixtures? 🗆 Yes 🛛 No		
Type of Wastewater System** Pume To	Fixtures? [] Yes XNO 25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u> </u>)
(See note below, if applicable)	25% REDUCTION (Repair)		
Installation Requirements/Conditions	Number of trenches <u>1</u>		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\underline{\gamma \& O}$ feet	Trench Spacing: Feet on Center	
Pump Tank Size <u>LOOO</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-24</u> inches	
	Maximum Trench Depth of: <u>18-36</u> 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	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	he 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 Se	ewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent:Constru	Date: $10 24 12$ uction Authorization Expiration Date: $10 24 12$				

