Harnett County Department of Public Health

HTE# 13-5-30533R

27283

Improvement Permit

A building permit cannot be issued wi	th only an Improv	ement Permit		
PROPERTY LOCA	ATION: NC2			
ISSUED TO: GART ROBINSON HOMES SUBDIVISION	GWEN	Oriks		LOT #103
NEW REPAIR REPAIR REPAIR	Site Improveme	nts required prior	to Construction Author	rization Issuance:
NEW Type of Structure: STO SOUTH STRUCTURE:	<u> </u>			
Proposed Wastewater System Type: VUMTO 25% KEOUGION				
Projected Daily Flow: GPD				
Number of bedrooms: <u> </u>			,	
Basement 🗆 Yes 🛛 📉 No				
Pump Required: 🖽 Res 🛛 No 🖓 May be required based on final location and eleva	ations of facilities			
Type of Water Supply: Community X Public Well Distance from well	<u>10()</u> fee		Permit valid for:	Five years
Permit conditions:				\square No expiration
				I
ILAN D	1 1			
Authorized State Agent:: RAWS Date:	3/4/13		SEE ATT	ACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance 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: GARY ROBINSON	MOMES PROPERTY LOCATION: NO	2105
(SUBDIVISION Green C	LOT # 103
Facility Type: 550 (50°750)	New Expansion Repair	
Basement? 🗆 Yes 🛛 No 🛛 Basement Fin	Ktures? □ Yes X No 0 25% REDUCTION SYSTEM	
Type of Wastewater System**	O 25% REDUCTION SYSTEM	(Initial) Wastewater Flow: YSO GPD
(See note below, if applicable) Pump To	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches <u>3</u>	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>110 🕷</u> feet	Trench Spacing: <u>9</u> Feet on Center Soil Cover: <u>6</u> inches
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: 🛛 🌇 🕰 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 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 Sewage Treatment and Disposal and to the	the conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent:	Date: 3]4]13 ation Date: 3 4 18			

