HTE# 13-5-30633 R Harnett County Department of Public Health

Improvement Permit

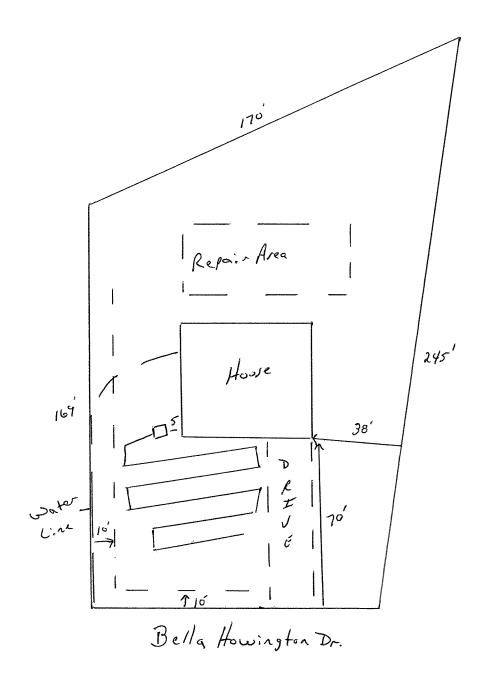
27325

A building permit cannot be issued with only an Improvement Permit ISSUED TO: Savy Homes

REPAIR | SUBDIVISION | Site Improvements required prior to Construction Authorization Issuance: PROPERTY LOCATION: US 014 421 Proposed Wastewater System Type: 25 % Reduction System Projected Daily Flow: 480 GPD Number of Occupants: 8 max Number of bedrooms: 4 Basement □Yes Pump Required: ☐Yes ☑ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community
Public
Well Distance from well feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: Wyon Moin REHS Date: 3/22/2013 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: Savy Homes PROPERTY LOCATION: US Old 421
SUBDIVISION Manie Bell Ridge LOT # 103 Facility Type: ____SFD New Expansion Repair 25% Reduction System (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable □) 25% Reduction System (Repair) Number of trenches ____/ **Installation Requirements/Conditions** Septic Tank Size /OOO gallons Pump Tank Size _____ gallons 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 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. Authorized State Agent: Juya Mwain, FEHS Construction Authorization Expiration Date: 3/22/2018

Harnett County Department of Public Health Site Sketch

- 1	PROPERTY LOCATON: しょっぱ	921	
ISSUED TO: Savry Homes	SUBDIVISION Manie	Bell Lid	eLOT # <u>/03</u>
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Authorized State Agent: Luya Moin	LEHS Da	ate: 3 (22/2013



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION	Mamie Ben		LOT /03	-
INITIAL SYSTE	M APPENER 25	1. KENUTER	REPAIR FUMP TO APPROVED	25%
DISTRIBUTION	120-0-	***************************************	DISTRIBUTION D- By	
BENCHMARK	100.0	7500000	LOCATION Front Corner 102/	₹ 3
NO. BEDROOM	s 4		PROPOSED LTAR O. J GPO/F7	-
<u>LINE</u>	FLAG COLOR	ELEVATION	LENGTH (FT)	
	P.	104.35	40	• • •
<u>L</u>	<u> </u>	104.00	65	-
4	W	103.67	40	•
-5	<u> </u>	103.25		-
PEPAL	R AS DESIGN	EN BY	H.C. HEARTH	- - -
				- - -
BY ME	Allen	national n	DATE 03/13/13	
TYPICAL PROP	TILE		* ,	
0-16	us vir use	厂		
	ser (F., shiel			
- c - 2	> 45"			
NITAU	AT 18"			

