## HTE# 13-5- 30677

## Harnett County Department of Public Health

27310

Improvement Permit

A	building permit cannot be issued wi			
$\leq 1$	PROPERTY LOC	ATION: OID US	421	
ISSUED TO: Sarry Homes	PROPERTY LOCA	Manie Be	11 Ridge	LOT # <u>107</u>
NEW 🗹 🛛 REPAIR 🗆 🚬 EXPANSIO	N 🗖	Site Improvements rec	juired prior to Construction Author	rization Issuance:
Type of Structure: <u>SFD</u> 56X48				
Proposed Wastewater System Type: Rome t. 257	leduction System			
Projected Daily Flow: <u>480</u> GPD	<u> </u>			
Number of bedrooms: Number of Occup	ants: <u> </u>			
Basement 🗆 Yes 🕑 No		- Autor		
Pump Required: 🛛 Yes 🗆 No 🗔 May be required:	red based on final location and elev			
Type of Water Supply: 🗆 Community 🗹 Public	□ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
<u>_</u>				
		/_		
Authorized State Agent .: 1 Juga / 10/100	Date: _	3/1/201		ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permi	it holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions		affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
s	or this permit			
	<u>^</u>			
	<u>Construction</u> Au	ithorization		
	(Required for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952, .19			into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.		, ,		
ISSUED TO: Savry Homes	PROPERT		00121	
ISSUED TO: Javy Homes	PROPERI	T LUCATION:	Bell Ridge	
	SUBDIVISI	ON Manie	Jell Kidge	LOT # <u>703</u>
Facility Type: <u>5FD 56×48</u>	_ 🗹 New 🗆 Expan	ision 🗆 Repair		
Basement? 🗆 Yes 🛛 🗹 No <sub>O</sub> Basement Fixt	ures? 🗆 Yes 🗆 No			
Type of Wastewater System** Pump to 25	To Reduction Syster	<u> </u>	(Initial) Wastewater Flow:	<u> 480</u> GPD
(See note below if applicable 17)	•			
fum to 25	To Reduction System	~ (Repair)		
Installation Requirements/Conditions	Number of trenches $3$	( 1 )		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench		Trench Spacing:9	East on Contar
Pump Tank Size $/OOO$ gallons	Trenches shall be installed on o	-		
rump rank size <u>7</u> ganons				inches
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bot	tom)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
		***************************************		meneo 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: | 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 conditions of this permit.	SEE ATTACHED SITE SKETCH			
Authorized State Agent: Juga Musiciple Construction Authorization Expiration Date: 3/1/0	 20 12  2018			

HTE# <u>13-5-30533</u> Harnett County Department of Public Health Site Sketch



