HTE# 13-5-3072)

Harnett County Department of Public Health

Improvement Permit

27409

A building permit cannot be issued with only an Improvement	: Permit	
ISSUED TO: 5 PROPERTY LOCATION: WING SUBDIVISION KENDAN		
	rarms LOT # 50	
NEW REPAIR EXPANSION Site Improvements reconstructure:	quired prior to Construction Authorization Issuance:	
Proposed Wastewater System Type: 25% REDUCTION		
Projected Daily Flow:		
Number of Dedrooms: Number of Occupants: max Basement □Yes ► No		
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 Community feet	Permit valid for: Five years	
Permit conditions:	No expiration	
Climic Controllors.	No expiration	
Authorized State Agent: P4:15 Date: 3 25 13	SEE ATTACHED 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 che		
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 owner	ership 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.		
<u>Construction Authorization</u>		
(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.	the this permit and shall be met systems shall be installed in accordance	
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	nelo	
SUBDIVISION KENZAN	FARMS LOT # 50	
Facility Type: SCO (65 265) New Expansion Repair		
Basement? Yes No Basement Fixtures? Yes No Yes Type of Wastewater System** Solo Reduction Yes Yes Yes Yes Yes Yes Yes Ye		
Type of Wastewater System** 25% REDUCTION 3757EM	(Initial) Wastewater Flow: GPD	
(See note below, if applicable [])	,	
25% REDUCKION (Repair)		
Installation Requirements/Conditions Number of trenches		
Septic Tank Size <u>\ O O O</u> gallons Exact length of each trench <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	Trench Spacing: Feet on Center	
Pump Tank Size gallons	Soil Cover: 6-18 inches	
10 0		
	(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	
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	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:	
Owner/Legal Representative Signature:	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 conditi	ons of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: 3 25 3		
Construction Authorization Evaluation D	12to: 37578	

HTE# 13-5-30721

Permit # _ 27409

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: WEEK	
La was Harrison C SURDIVISION KENSAN FROMS	LOT # _50
ISSUED TO:	
Authorized State Agent: Date: 3 25 13	
Authorized State Agent:	

