HTE# 13-5-30754

## Harnett County Department of Public Health

## **Improvement Permit**

27354

A building permit cannot be issued with only an Improvement Permit ISSUED TO: STANCEI BUELIDONS IN SUBDIVISION Cokesbury Ponk Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% 123100000 Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max 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 Permit conditions: ☐ No expiration Date: 3-12-13 SEE ATTACHED SITE SKETCH Authorized State Agent:: 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. Type of Wastewater System\*\* 25% RASUCIUS System (Initial) Wastewater Flow: 360 GPD Maximum Trench Depth of: 24 " inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: 2 inches below pipe inches above pipe 1/2 inches total Pump Requirements: \_\_\_\_\_\_ft. TDH vs. \_\_\_\_ GPM 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 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: 2 Manha Date: 3-12-13Construction Authorization Expiration Date: 3-12-18

## Harnett County Department of Public Health Site Sketch

