HIE# 13-5-30756 Harnett County Department of Public Health

Improvement Permit

27358

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 321425 Cotten 125 SUBDIVISION CARL COHC NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% (22i) COCO Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement Tyes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community Public Well Distance from well 100 feet Permit valid for: Permit conditions: ☐ No expiration The issuance of this permit by the Bealth 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. (See note below, if applicable □) Installation Requirements/Conditions Septic Tank Size _/000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 24nd 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 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. Authorized State Agent:

Construction Authorization Expiration Date: 3 - 15 - 12

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Harnett County Department of Public Health Site Sketch

				PROPERTY LOCATON:	Sn1425	Co44	en RD		
ISSUED TO:	Wes	MAtth.	en 22	SUBDIVISION _	Conl	Coffe	-	_ LOT # _	ZA
Authorized Stat	e Agent:	and !	MA	what	<u>~</u>	Date:	3-15-	13	

* BASEMENT WETH Plumbig WILL Change Cayout. Contract
ENVELONMENTA! HEALT Priento INSTALL.

