HTE#13-5-30767

Harnett County Department of Public Health

27403

_____ inches below pipe

_____ inches total

Improvement Permit

	A building permit cannot be			mit	
ISSUED TO: MSR CONSTRUCT	N	PERTY LOCATION: NC DIVISION TINGE			107 # 722
NEW REPAIR . EXPANS	ION 🗆 508			d prior to Construction Author	LOT # <u>133</u>
Type of Structure: SFO (51×51)					Laton Issuance.
Proposed Wastewater System Type: 25% RES	DUCTION				
Projected Daily Flow: <u>360</u> GPD	0				
Number of bedrooms: Number of Occ	upants: <u> </u>				
Basement Yes No				- Marine	
	uired based on final location				\searrow .
Type of Water Supply: Community Public Permit conditions:	Well Distance fro	im well <u>100</u>	_ teet	Permit valid for:	K Five years
					No expiration
	\sim				
Authorized State Agent::	REAS	Date: 31911	13	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permi	ts. The permit holder is respon	nsible 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 the Laws and Rules for Sewage Treatment and Disposal and to conditi	changes. The Improvement Permit	shall not be affected by a cha	ange in ownership	of the site. This permit is subject to	compliance with the provisions of
	inis or this permit.				
	Construct	ion Authorizat	ion		
	(Required	for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	1954, .1955, .1956, .1957, .1958.	and .1959 are incorporated b	y references into	this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: MSP Construct		PROPERTY LOCATION:	NC		
_		SUBDIVISION 1100			LOT #_\33
Facility Type: SFO (51251)			Repair		
Basement? 🗆 Yes 🖂 No Basement Fi	xtures? 🗆 Yes 🛛 🗙	No	перан		
Type of Wastewater System** _ 25%	Xtures? I Yes X REDUCTION	SYSTEM		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [])				(initial) mastemater riom.	<u> </u>
25% R	EDUCTION	(Repair)			
Installation Requirements/Conditions	Number of trenches				
Septic Tank Size <u>1000</u> gallons	Exact length of each	trench 90	feetTr	ench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be insta			i i p	nches
	Maximum Trench Dept			(Maximum soil cover shall n	
	(Trench bottoms shall			36" above the trench bott	

Aggregate Depth: _____ inches above pipe Conditions: _____

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 for	rom the type specified on the application. I accept the specifica	ations of this permit.
Owner/Legal Representative Signature:	Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intender	d 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 Rule	es for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Construction Authorization Expiration Date: 3/19/13	

