HTE# 13-5-30920 R	Harnett Count	y Department	of	Public	Health
-------------------	---------------	--------------	----	--------	--------

27863

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCA	ATION: Hory 4	2	
ISSUED TO: DANNELL COCRADO	SUBDIVISION _		Kiznes	
NEW I REPAIR EXPANSION Type of Structure:	N 🗆	Site Improvements re	quired prior to Construction Auth	orization Issuance:
Proposed Wastewater System Type: 25% 78000	ww			
Projected Daily Flow: <u>360</u> GPD	1			
Number of bedrooms: <u>3</u> Number of Occupa Basement Yes No	ants: <u>C</u> max			
Pump Required: IYes INO May be required:	red based on final location and eleva	ations of facilities		
Type of Water Supply: Community Public	□ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
Authorized State Agent:	At le	11 00	4.5	
	Date: _	4-28-1	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use ch the laws and Rules for Swares Treatment and Dispared and the cardiiner	anges. The Improvement Permits, The permit anges.	t holder is responsible for che	cking with appropriate governing bodies	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit.	anected by a change in owne	ersnip of the site. This permit is subject t	o compliance with the provisions of
	Construction Au	thorization		
The construction and installation requirements of Pulse 1050 1053 105	(Required for Buildi	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 ar	re incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: DARnell Cocharm	PROPERTY	LOCATION: Afair	27	
	SUBDIVISIO	N Change	ATUDYA	10T # 2 3/ 0
Facility Type:	_ 🖉 New 🗆 Expans	ion 🗌 Repair	NIKEPUS	LUI # <u>>1/6/4</u>
Basement? 🗌 Yes 🖾 No Basement Fixtu		поп 🗀 перан		
			/1. 1. 1) 14/	91 s
(See note below, if applicable \Box)	TON Syster		(Initial) Wastewater Flow:	<u>360</u> GPD
(see note below, if applicable [])				
	Number of trenches Exact length of each trench Trenches shall be installed on co Maximum Trench Depth of:	_(Repair)		
Installation Requirements/Conditions	Number of trenches		0	
Septic Tank Size gallons Pump Tank Size gallons	Exact length of each trench	<u>100</u> feet	Trench Spacing: 7	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	ntour at a	Soil Cover: 6	inches
	Maximum Trench Depth of:	74 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bot	
	in all directions)	, , , - 17 1	JU ADOVE LITE LITERICII DOL	tom)
	GPM			<i>a</i>
i. 1011 VS	VITI			inches below pipe
Conditioner			Aggregate Depth:	2 inches above pipe
Conditions:				12 inches 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: 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: Janes & Marchan front Date: 4-28-14 Construction Authorization Expiration Date: 4-28-19	

