## Harnett County Department of Public Health

HTE# 13-5-31093

| 0 | 7 | Λ | 7       | 0 |
|---|---|---|---------|---|
|   |   | 4 | <u></u> | 8 |
|   |   |   |         |   |

| Improvement Permit |
|--------------------|
|--------------------|

| A building permit cannot be issued with only an Improvement Permit<br>PROPERTY LOCATION: Raynoc McLame Ro  |
|--|
| ISSUED TO: H+H CONSTRUCTORS LAC SUBDIVISION LOT #  |
| NEW A REPAIR _ EXPANSION _ Site Improvements required prior to Construction Authorization Issuance:  |
| Type of Structure: SFD (55752)   |
| Proposed Wastewater System Type: 25% REDUCTION SYSTEM  |
| Projected Daily Flow: 480 GPD  |
| Number of bedrooms: <u>H</u> Number of Occupants: <u>S</u> 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 🗥 🛇 feet Permit valid for: 🛛 🕅 Five years   |
| Permit conditions:   |
|  |
|  |
| Authorized State Agent:: 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 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.   |
|  |
| ISSUED TO: H+H CONSTRUCTORS INC PROPERTY LOCATION: RAYMOR MILAND RO  |
| SUBDIVISION LOT #  |
| Facility Type: SED (55 ~ SS) X New Expansion Repair  |
| Basement? 🗆 Yes 📉 No 🛛 Basement Fixtures? 🗀 Yes 💢 No   |
| Type of Wastewater System** _ 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD  |
| (See note below, if applicable $\Box$ )  |
| 25% REDUCTION (Repair)   |
| Installation Requirements/Conditions Number of trenches  |
| Septic Tank Size 1000 gallons Exact length of each trench 150 feet Trench Spacing: Feet on Center  |
| Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: <u>24-10</u> inches   |
| Maximum Trench Depth of: <u>36-22</u> 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 GPMinches below pipe  |
| Aggregate Depth: inches above pipe   |
|  |
| Conditions: STARE AT SL - STEP DOWNS MAY NOT BE NEEDED inches total  |
|  |
| NATER 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.   |
| $\frac{1}{1}$ appressive remains an experiment is anterest from the type specified on the appression, restriction specifications of this perimet.  |
| Owner/Legal Representative Signature: Date:  |

| This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Const | ruction 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.                                    | ) SITE SKETCH  |
|   | $\sum$  |                |
| Authorized State Agent:   | Date: 43013,  |                |

Construction Authorization Expiration Date: \_\_\_\_\_

43018

