HTE# 13-531306 Harnett County Department of Public Health

Improvement Permit

27512

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: TINGEN ROS POINT Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 560 (CEX23) Proposed Wastewater System Type: ___ Projected Daily Flow: 360 Number of Occupants: _ < Number of bedrooms: Basement. TYes Pump Required: □Yes **≥**KN₀ ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

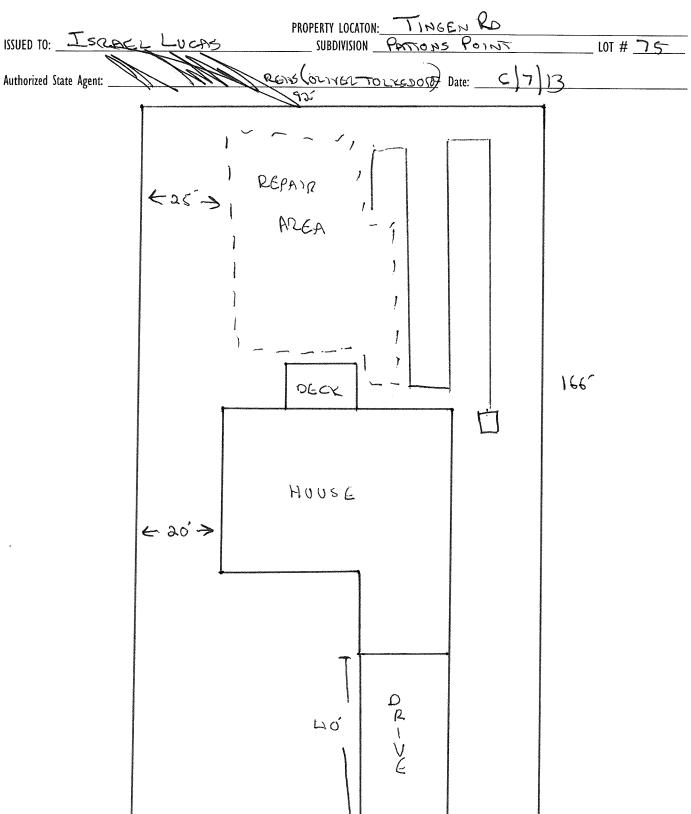
Well Distance from well

O feet Permit valid for: Five years Permit conditions: ☐ No expiration REHS Date: The issuance of this permit by the Health Department in no way guarantees the issuance of the 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 ISSUED TO: ISAREL LUCAS PROPERTY LOCATION: TINGEN RO Facility Type: SRO (CC × 5x) | New | Expansion | Repair

Basement? | Yes | No Basement Fixtures? | Yes | No

Type of Wastewater System** | 25% | PEDUCTION | System | (Initial) Wastewater Flow: 360 SUBDIVISION PATIONS POINT (See note below, if applicable □) 25% REDUCTION SYSTEM (Repair) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 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) Pump Requirements: ______ft. TDH vs. _____ GPM _____ inches below pipe Aggregate Depth: _____ inches above pipe Conditions: 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: __ Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch



FIFTY CALLEGA