HTE# 13-5-31453

Ha tt County Department of Public ...ealth

Improvement Permit

27398

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Sac 1412 Christian LEAT RIS SUBDIVISION Mc 5 marchon Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: Porp to 75% PE NUCLO Projected Daily Flow: 360 Number of Occupants: ______ max Number of bedrooms: Basement Yes 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 feet Permit valid for: ■ No expiration Permit conditions: Date: 6-14-13 SEE ATTACHED SITE SKETCH Authorized State Agent: 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. Facility Type: SFD New Expansion | Repair Basement Fixtures?

Yes Basement? Yes Type of Wastewater System** Pump to 25% TRDV OTON 5,5 to (Initial) Wastewater Flow: 360 GPD (See note below, if applicable \square) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 24-22-18 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. 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 SEE ATTACHED SITE SKETCH 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: Jones & Moham Construction Authorization Expiration Date: 6-14-18

Harnett County Department of Public Health Site Sketch

