HTE# [3-5-315])

Harnett County Department of Public Health

Improvement Permit

27535

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: BOODDWAY KD SUBDIVISION LITTLE RIVER ESTATES BRYAN WILLIAMS ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SEO (3) X6 Proposed Wastewater System Type: 25% REDUCTION GPD Number of bedrooms: __ Number of Occupants: 8 max Basement □Yes 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

O

feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent::

Date: 7 22 13

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: BRODONAY RD SUBDIVISION LITTLE RIVER ESTATES Facility Type: SEO (3) '460' New Basement?

Yes No Basement Fixtures?

Yes New 🗆 Expansion 🗆 Repair Basement Fixtures?
Yes No
25°CO REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable \square) Pump 25% REDUCTION (Repair) Number of trenches _ \to \to Installation Requirements/Conditions Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: _____ 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 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: / understand the system type specified is different from the type specified on the application. / 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 Lows and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: ___ Date: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

