HTE# 13-5-31596

## Harnett County Department of Public Health

**Improvement** Permit

| <u> </u>   | inprovemen          |  |                                       |  |
|--|---------------------|--|---------------------------------------|--|
| A building permit  |                     | th only an Improvement                 |                                       |  |
|  |                     | 17101: 27 We                           |                                       |  |
| ISSUED TO: Benjamin Stout  | SUBDIVISION         | Tingen Po                              | inte                                  | LOT # 136                              |
| NEW C REPAIR C , EXPANSION C   |                     |  | uired prior to Construction Au        |  |
| Type of Structure:   |                     |  |                                       |  |
| Proposed Wastewater System Type: 257. Reduction Sys  | To a                |  |                                       |  |
| Projected Daily Flow: 480 GPD  |                     |  |                                       |  |
|  |                     |  |                                       |  |
| Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u>   | max                 |  |                                       |  |
| Basement Yes I No  |                     | · · · · · · · · · · · · · · · · · · ·  |                                       |  |
| Pump Required: 🛛 Yes 🔤 No 🗆 May be required based on fir   |                     |  |                                       | ~                                      |
| Type of Water Supply: 🗆 Community 🗹 Public 🔲 Well D  | stance from well    | feet                                   | Permit valid for                      | : 🛛 Five years                         |
| Permit conditions:   |                     |  |                                       | 🔲 No expiration                        |
|  |                     |  |                                       | •                                      |
|  |                     | 1 1                                    |                                       |  |
| Authorized State Agent: Dryn Mysin REA   | Date:               | 7/16/2013                              | 7 (FF                                 | ATTACHED SITE SKETCH                   |
| The issuance of this permit by the Health Department in no way guarantees the issuance of                        |                     |  |                                       |  |
| site is subject to revocation if the site plan, plat, or the intended use changes. The Improve                   |                     |  |                                       |  |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.                           |                     | , ,                                    | ,                                     |  |
|  |                     |  |                                       |  |
| Com  | Auton A.            | theminetien                            |                                       |  |
| CON  | struction Au        | thorization                            |                                       |  |
|  | Required for Build  | ing Permit)                            |                                       |  |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .                     |                     |  | into this permit and shall be met. Sy | stems shall be installed in accordance |
| with the attached system layout.   | ,                   |  | ····· · · · · · · · · · · · · · · · · |  |
|  |                     | _                                      | ,                                     |  |
| ISSUED TO: Benjamin Stout  | _ PROPERT           | LOCATION: <u>27</u>                    | Wert<br>Pointe                        |  |
| • •  | SUBDIVISI           | ON Tinven                              | Pointe                                | LOT # 136                              |
| Facility Type: FD IN NO  | w 🗆 Expan           | sion 🗆 Repair                          |                                       |  |
|  |                     | sion in repair                         |                                       |  |
| Basement? Ves Vo Basement Fixtures? Ves  | _□ No               |  |                                       | 1100                                   |
| Type of Wastewater System** <u>257. Led uction</u>   | ysten               | ······································ | (Initial) Wastewater Flo              | ow: <u>980</u> GPD                     |
| (See note below, if applicable 🗆) O  |                     |  |                                       |  |
| (see note below, in applicable ) Pump to 25% Redu  | tim Juste           | <ul> <li>(Renair)</li> </ul>           |                                       |  |
| Installation Requirements/Conditions Number of the   |                     | (((cpun))                              |                                       |  |
|  |                     | 2 0 (                                  |                                       |  |
|  | of each trench      |  | Trench Spacing: <u>9</u>              |  |
| Pump Tank Size gallons Trenches shal   | l be installed on o | contour at a                           | Soil Cover: <u>6- 18</u>              | inches                                 |
| Maximum Tre  | nch Depth of: 🖊     | 8-36 inches                            | (Maximum soil cover sh                | all not exceed                         |
|  | ms shall be level   |  | 36" above the trench                  |  |
|  |                     | 10 17/-1/4                             | So above the trench                   | Dottom                                 |
| in all direction   | ns)                 |  |                                       |  |
| Pump Requirements:ft. TDH vs GPM   |                     |  |                                       | inches below pipe                      |
|  |                     |  | Aggregate Depth                       | inches above pipe                      |
| Conditions: Use soil depth to try an   | d avoid             | stordown                               |                                       | inches total                           |
| conditiona   |                     | 014                                    |                                       | menes total                            |
|  |                     |  |                                       |  |
| WATED LINES (INCLUDING IDDIGATION) MUST DE IDET EDOM   |                     |  |                                       |  |
| WAIEK LINES (INCLUDING INKIGAHUNI MUSI DE IUFI, FRUM   | A ANY PART OF S     | SEPTIC SYSTEM OR                       | REPAIR AREA.                          |  |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM<br>NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A |                     | SEPTIC SYSTEM OR                       | REPAIR AREA.                          |  |

\*\*If applicable: / 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:** 

\_ Date: \_

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.

|                         |               | 0                                       |                 |
|-------------------------|---------------|---|-----------------|
| Authorized State Agent: | una Alisian K | PEN Date:                               | 7/16/2013       |
| °                       |               | Construction Authorization Expiration D | Date: 2/16/2018 |



