HTE# 13-5-31672 Harnett County Department of Public Health

Improvement Permit

27670

A	building permit cannot be issued wi		Permit LOWINGTON DR	
ISSUED TO: SAVY 170	MES LLC SIRDIVISION	MAMIE 6	SELL ROCE	LOT #65A
NEW X REPAIR SFO (50'>CO') REPAIR SFO (50'>CO')	IN		Juired prior to Construction Autho	
Type of Structure: SFO (50760)	01 -			. , ,
Proposed Wastewater System Type: Pune To 25	10 KEOVETION			
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occu	pants:max			
Basement Yes No				The state of the s
	ired based on final location and elev	_	B 12 P1.6	₩ .:
71	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Authorized State Agent::	REHS Date:	9/12/13	SFF AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara				
site is subject to revocation if the site plan, plat, or the intended use				
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit			
	Construction Au	ıthorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1	, .	• ,	into this permit and shall be met System	s shall be installed in accordance
with the attached system layout.	, , , , , , , , , , , , , , , , , , ,		nito and permit and onan be med system	
	<u></u>		. 11	0-
ISSUED TO: SAVY HOMES LZ	PROPERI	Y LOCATION: BE	LLA HOMINGTON	<u> </u>
Facility Type: SFD (50'x60')			BELL RIDGE	LOT # <u><5</u> R
		nsion 🗌 Repair		
()	tures? Yes No			1.00
Type of Wastewater System** Pune Te	12519 KEDVOZ	1011	(Initial) Wastewater Flow:	GPD
(See note below, if applicable □)	· */ • •			
<u> Lowejos</u>	15% REDUCTION	(Repair)		
Installation Requirements/Conditions	Number of trenches 2			
Septic Tank Size 1000 gallons	Exact length of each trench	™5 feet	Trench Spacing:	Feet on Center
Pump Tank Size \ \ \ \ \ \ \ \ \ \ \ gallons	Trenches shall be installed on		Trench Spacing: 9 Soil Cover: 6-12	inches
8	Maximum Trench Depth of: 18		(Maximum soil cover shall	
	(Trench bottoms shall be level		36" above the trench bot	
	in all directions)	,	so above the trenth by	
Pump Requirements:ft. TDH vs				inches below pipe
rump nequirements	_ 0111		Aggregate Depth:	
Candidiana				• •
Conditions:			······································	inches total
				<u> </u>
NATER LINES (INCLUDING IRRIGATION) MUST	3E 10FT. FROM ANY PART OF S	SEPTIC SYSTEM OR F	(EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I)RAIN FIELD AREA.			
**If applicable: / understand the system type specified	d is different from the type specie	Gad an the application	I account the enecifications of	thic normit
ii applicable. I understand the system type specified	is unierent ironi the type spech	ей он те аррисатон.	r accept the specifications of	uns permit.
Owner/Legal Representative Signature:			Date	
Owner/Legal Representative Signature:	plat, or the intended use changes. The Constr	uction Authorization shall not l	pe transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the provisions				ATTACHED SITE SKETCH
Authorized State Agent:	2645	Date:	9/12/13	
numorized state Agent.		vale	- '1'4 !/	
Construction Authorization Expiration Date:				

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: BELLA HOWINGTON DOZ

SUBDIVISION MARGE BELL ROCE LOT # GEA

PROPERTY LOCATON: BELLA HOWINGTON DOZ

SUBDIVISION MARGE BELL ROCE

LOT # GEA

Date: 9 | 12 | 13

