HTE# 13-5-31905 R

Harnett County Department of Public Health

Improvement Permit

27590

A building permit cannot be issued with only an Improvement Permit ISSUED TO: Beward F Young SUBDIVISION Classe Cove

NEW REPAIR | EXPANSION | Site Improvement Permit

Type of Structure: Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% RANGER Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: ____ Basement Yes Ø No 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 ________feet Permit valid for: Five years Permit conditions: ■ No expiration Authorized State Agent:: Date: ___ 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. Maximum Trench Depth of: 20 → 18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: 2 inches above pipe

/2 inches above pipe
/2 inches total Pump Requirements: ______ft. TDH vs. ____ GPM 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: 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. Date: 10-21-13 Authorized State Agent:

Construction Authorization Expiration Date: 10-21-18

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Permit # <u>27550</u>

Harnett County Department of Public Health Site Sketch

ICCUED TO.	Bennand F.	VOUNS	PROPERTY LOCATON:				
1220EN IO:	pennana r.	70223	SUBDIVISION	CIASSIC	COVTE	LOT # _	>
Authorized Sta	te Agent:	Manh	ont a rous	Date:	10-21	1-13	

