HTE# 13-5-31507 RR

Harnett County Department of Public Health

Improvement Permit

27576

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 301723 JUNIANGTON PLD SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: ____ Proposed Wastewater System Type: Pump to 25% (28AVCTV)
Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: Basement TYes ☐ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:
Community Public
Well Distance from well _____ feet Five years Permit conditions: ____ □ No expiration 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, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance ISSUED TO: Robbie Pone PROPERTY LOCATION: Sn 1723 Tonkingfor

SUBDIVISION Repair Basement Fixtures?

Yes

No Type of Wastewater System**

Pump to 25% R500 CTCos System

(Initial) Wastewater Flow: 360 GPD

(See note below, if applicable []) (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ GPM Aggregate Depth: ______ inches below pipe inches above 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. 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent.

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

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