Harnett County Department of Public Health

HTE# 13-5- 32091

Improvement Permit

27577

A building permit of	cannot be issued wi	th only an Improvemen	t Permit	
	PROPERTY LOC	ATION: SAL1409	OAKITAGG DU,	ucan RD
ISSUED TO: Arely D Copez		Rayford Bh		LOT # 😙
NEW T REPAIR C EXPANSION C			equired prior to Construction Auth	orization Issuance:
Type of Structure:				
Proposed Wastewater System Type: 25% REDUCID				
Projected Daily Flow: <u>480</u> GPD				
Number of bedrooms: 4 Number of Occupants: 8	max			
Basement 🖾 Yes 🔎 No				
Pump Required: 🛛 Yes 🗆 No 🗀 May be required based on fina	al location and elev	ations of facilities		and a start of the
Type of Water Supply: 🗆 Community 🗹 Public 🔲 Well Dis	stance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
NO BASEMENT	NO	pomp		
Š. 1.	1->	/ /		
Authorized State Agents Jones C Manhan	Date:	9-17-	13 SEE A	TTACHED SITE SKETCH

The issuance of this permit by the dealth 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: Arely D Cope	Z PROPERTY LOCATION: SN.14	105 OAKAEBER DUNCAN 1203
	SUBDIVISION	LOT # <u>5</u>
Facility Type: Basement? Z Yes D No Basement Fixe	🗹 New 🗆 Expansion 🗆 Repair	
Basement? 🗹 Yes 🛛 No Basement Fixe	tures? 🔲 Yes 🔲 No	
Type of Wastewater System** Pump to 2	5% RENUCRON System	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable \Box)	<u>55% REDUCTOD</u> System <u>25% REDUCTOD</u> (Repair) Number of trenches <u>3</u>	
Pump to	5 25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches <u>3</u>	A
Septic Tank Size <u>/ ZOO</u> gallons	Exact length of each trench <u>120</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover:le inches
•	Maximum Trench Depth of: <u>26"</u> inches	
	(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
		Aggregate Depth: inches above pipe
Conditions: P 0 154454	EMENT NO Pump	/2 inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.
NO LITH ITIES ALLOWED IN INITIAL OD DEDAID P		

NU UTILITIES ALLOWED IN INITIAL UK KEPAIK DKAIN FIELD AKEA.

$\frac{** f applicable:}{}$ 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.	
Authorized State Agent: Date: Date: Construction Authorization Expiration Date:	

