HTE#<u>13-5-32193</u>

Harnett County Department of Public Health

Improvement Permit

27622

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Docs Rd. Type of Structure: <u>SFD</u> 494 Proposed Wastewater System Type: 25% Reduction Surfem Projected Daily Flow: 480 GPD Number of Occupants: 8 Number of bedrooms: 4 Basement □Yes ☐ May be required based on final location and elevations of facilities Pump Required: □Yes □ No Type of Water Supply:

Community Public

Well Distance from well ________ feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent:

Date: 10/23/247

SEE ATTACHED SITE SKETCH

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. Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable 127) ns Number of trenches 5 Installation Requirements/Conditions Number of trenches _______ feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: ______ inches Septic Tank Size /OOO gallons Pump Tank Size gallons Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. GPM Conditions: No Soil to be Removed when lotis cleared ______ inches above pipe ______ inches total ______ inches total 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: _ 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 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. Authorized State Agent:

Construction Authorization Expiration Date: 10/27/2018

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Doe's Rd.	
ISSUED TO: Ovan Contraction	SUBDIVISION Trotter Ridge	LOT # <u>24</u>
	. , ,	
Authorized State Agent: Lya Mchai REI	45 Date: 10/23/201	3

Kentucky Derby Ln.

