HTE# 13-5-3220% R Harnett County Department of Public Health

27695

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
PROPERTY LOCATION: PRAIRIE LN			
ISSUED TO: SOUTH SCAN INC SUBDIVISION TREATERS BLUFF AT FOX RUN LOT # 39			
NEW X REPAIR FXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (48 38) Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure:			
Proposed Wastewater System Type: PUMPTO 25% KOUGION			
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occupants: max			
Basement 🗆 Yes 🔀 No			
Pump Required 🔀 Yes 🛛 No 🖓 May be required based on final location and elevations of facilities			
Type of Water Supply: Generative Supply: Five years Permit conditions:			
Permit conditions:			
Authorized State Agent::			
The issuance of this permit by the Health Department in no way guarantees the issuance to 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: SOUTH SCAN INC	PROPERTY LOCATION: Pag	AIRIE LN
~		LUFF AT FOX RUN LOT # 39
Facility Type: <u>SFD</u> (48'738')	_ 🛛 New 🛛 Expansion 🗆 Repair	
Basement? □ Yes ズ No Basement Fixt Type of Wastewater System** <u>Pumpio</u> ∂	ures? 🔲 Yes 🗙 No 💊	
Type of Wastewater System** <u>Pumplo 0</u>	S% REDUCTION PYSTEM	(Initial) Wastewater Flow: <u>480</u> GPD
(Can mate holes) if analizable [])	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches	0
Septic Tank Size 1000 gallons	Exact length of each trench <u>480</u> feet	Trench Spacing: Feet on Center Soil Cover: inches
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches
	Maximum Trench Depth of: <u>8</u> 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	inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		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:	Date:		
This Construction Authorization is subject to revocation if the site-plan, plat, or the intended use changes. The Construction Authorization sha	I 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: D Construction Authorization Expiration	ate: 117273		

