## HTE# 13-5-323082 Harnett County Department of Public Health 27740 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION 50 1437 BAlland RD Bostt ISSUED TO: BAAdlo SUBDIVISION Hondes Pointe LOT # NFW 🗖 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 2500 25 Drutun 360 Projected Daily Flow: GPD Number of Occupants: \_ G max Number of bedrooms: 1 No Basement 2Yes 🗆 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 valid for: Permit conditions: $\Box$ No expiration makon 3-18-14 Authorized State Agent .: and / Date: 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. ISSUED TO: Bradley Box 14 \_\_\_\_ PROPERTY LOCATION: <u>St. 1437</u> BAllond RD \_\_\_\_\_ SUBDIVISION <u>Anddan Poreste</u> LOT # 17 New New 🗆 Repair Facility Type: \_ Expansion No Basement Fixtures? 🔲 Yes No Basement? Yes 25% REFORE System (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* (See note below, if applicable $\Box$ ) <u>) 54575-</u> (Repair) 25% RBDUCRI Installation Requirements/Conditions

installation Requirements/Conditions	Number of trenches	0
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>&amp;Ø</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: 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:		17_ inches total

## Conditions:

## 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: \_ 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. SEE ATTACHED SITE SKETCH Markony Authorized State Agent: Date: Construction Authorization Expiration Date: 3-18-1

HTE# 13-5-3230812 Permit # 27740 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: 52/437 Bulland CD ISSUED TO: Bradley Buelt SUBDIVISION Hadde Porte LOT # 17 Authorized State Agente 2 Montante Date: 3-18-14

