HTE#13-5-3239072 Harnett County Department of Public Health

28355

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

		of Rollins may R	
	_ SUBDIVISION		LOT # <u>Z</u>
NEW REPAIR C EXPANSION C	Site Improven	nents required prior to Construction /	Authorization Issuance:
Type of Structure:			
Projected Daily Flow: 480 GPD	_		
Number of bedrooms: Number of Occupants:	max	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
Basement I'Yes I No			
Pump Required: 🛛 Yes 🗌 No 🖾 May be required based on final I	ocation and elevations of facilitie	25	
Type of Water Supply: 🗆 Community 🗹 Public 🗔 Well Distan	ce from well f	feet Permit valid fo	or: 🛛 Five years
Permit conditions:			No expiration
	1		
Authorized State Agent:	Date: 4	-8-15 SE	E ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe	permits. The permit holder is responsib	ble for checking with appropriate governing bo	dies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	Permit shall not be affected by a chang	ge in ownership of the site. This permit is sub	ject to compliance with the provisions of
the raws and miles for sewage freatment and pisposal and to conditions of this permit.			
Constr	uction Authorizatio	าท	
	uired for Building Permit)	<u>///3</u>	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	j,	references into this permit and shall be met.	Systems shall be installed in accordance
with the attached system layout.	' '		,
ISSUED TO: Desley Theriel	PROPERTY LOCATION: Z	x 1401 Zolltas M	URD
	SUBDIVISION		LOT # Z
Facility Type:SFD New	Expansion 🗆	Repair	
Basement? 🗆 Yes 🗹 No 🛛 Basement Fixtures? 🗆 Yes	No		
Type of Wastewater System** <u>15% RGDUCTON Szr</u>	stor.	(Initial) Wastewater F	low: <u>480 </u>
(See note below, if applicable L)			-
75% REDUCTOD ST	(Repair)		
Installation Requirements/Conditions Number of trend		9	
Septic Tank Size <u>1200</u> gallons Exact length of e	each trench <u>/00</u>	feet Trench Spacing:	Feet on Center
	installed on contour at a	Soil Cover:G	inches
	Depth of: <u>22-)18</u>	•	
, , , , , , , , , , , , , , , , , , ,	shall be level to +/-1/4"	36" above the trench	ı bottom)
in all directions)			1
Pump Requirements:ft. TDH vs GPM			6 inches below pipe
Conditions: Contractor to meer		Aggregate Depth:	<u>Z</u> inches above pipe
Conditions: Contractor to meet	ONSITE / M	On to INSTMI	inches below pipe z inches above pipe /z inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI		N UK KEPAIK AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	l.		
**If applicable: / understand the system type specified is different from a	the type specified on the appl	lication. I accept the specifications	s 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.			
5 1 1 1/			
Authorized State Agent: Nonhand Date: J-19-15			
Authorized State Agent: / / / / / / / Date: Date: / - & - Z O			

