HTE# 13-5-32493RR

## Harnace County Department of Public mealth

28051

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: Michael + Elteabeth Smith Subdivision Continental Est LOT# 5
NEW I REPAIR EXPANSION I Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 5 ゃ り
Proposed Wastewater System Type: 25 % 2 Rob v crom
Projected Daily Flow: 720 GPD
Number of bedrooms: 4 Number of Occupants: 12 max
Basement 🗆 Yes 🗆 No
Pump Required: □Yes □ No ☑ May be required based on final location and elevations of facilities
Type of Water Supply:  Community Public Well Distance from well 100 feet Permit valid for: Five years
Permit conditions:
Contractor to neet onsite Primeto DSIMI
2 m/ 1 / Q
Authorized State Agent: Date: 7-28-14 7-22-15 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 o
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.
Construction Authorization
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: Michael + Flerapeth Smith PROPERTY LOCATION: OR 1450 BALL RD
SUBDIVISION CONTINENTAL EST 10T # 5
Facility Type: SFD Mew Expansion Repair
Basement?  Yes  No Basement Fixtures?  Yes  No
Type of Wastewater System** 25% NEW WOOD System (Initial) Wastewater Flow: 720 GPD
(See note below, if applicable $\square$ )
25% 7/5120 (TCO) 545 +2 (Repair)
Installation Requirements/Conditions Number of trenches 4
9
Maximum Trench Depth of: 24-7/8 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 pip
Conditions: Contraction to MEET ODSETE Prior to ENSTALL. 12 inches total
NATER 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:
onstruction 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.
7/22/1-
Authorized State Agent. James 2 NAMONT Date: 7-78-14 1/24/13 Shr
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## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 5~14:	TO BALL RA	2	
ISSUED TO: Michael + Elerabeth S	//	wental 1551	LOT #	5
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