## HTE# <u>13-5-32495</u> Harnett County Department of Public Health

27705

Improvement Permit

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ISSUED TO: MELTON ENterprise			INT # 3
NEW REPAIR C EXPANSION			
Type of Structure: <u>SFS</u>		ч в 	
Proposed Wastewater System Type: 25% REDUC	Tas		
Projected Daily Flow: <u>360</u> GPD	i		
	pants: max		
		Downie walid for	The second
Permit conditions:	Wen Distance from wen leet	remit vand for:	,
			Li no expiration
	1		
Authorized State Agent: James & Mary			
The issuance of this permit by the Health Department in no way guara	intees the issuance of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition		ership of the site. This permit is subject to	compliance with the provisions of
	REFAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:   360 GPD Number of Occupants: max   360 GPD Number of Occupants: No   360 GPD Well Distance from well feet   9 Description Well Distance from well feet   9 Maximum Description Interpretation No expiration   9 Construction Authorization (Required for Building Permit) No expiration   10 Interpretation Interpretation Site Interpretation Interpretation   11 PROPERTY LOCATION: SCI 1800 Interpretation Interpretation   12 SED Interpretation Interpretation Interpretation   12 SED Interpretation Interpretation Interpretation   12 <		
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	· · · · · · · · · · · · · · · · · · ·	into this permit and shall be met. Systems	shall be installed in accordance
		2	
ISSUED TO: TITTON ENTERPLISE	DE TAIL PROPERTY LOCATION: SPL	1802 Love RD	
	SUBDIVISION WADE	Pointe	LOT # <u>3</u>
Facility Type:	Let New Lij Expansion Li Repair		
Basement? 🗌 Yes 🔄 No Basement Fix	tures? 🗆 Yes 🖾 No		<b>0</b> ! \
Type of Wastewater System** 25% 745	water System	(Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable )			
25% 100	OCOZON STAS FOZ_ (Repair)		
mounderen negatementar contations		う	
	Exact length of each trench $\underline{BO}$ 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: 24-22-20 36 inches	(Maximum soil cover shall r	not exceed
	N N	36" above the trench both	tom)
		1	
Pump Requirements:ft. TDH vs	GPM	4	
		Aggregate Depth:2	inches above pipe
Conditions:			<u>12</u> 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 I			

\*\*If applicable: / understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

<b>Owner/Legal Representative</b>	Signature:	
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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 chan	ge 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:	2 Marhante	Date: 12-6-13	
	Construction Author	prization Expiration Date: $12 - 6 - 18$	

