HTE# 13-5-3269

Harnett County Department of Public Health

27767

Improvement Permit

	building permit cannot be issued with only an Improvement	rermit
C 11.	PROPERTY LOCATION: MOODES	
ISSUED TO: DUSAN HALL	SUBDIVISION	LOT # <u>5</u>
NEW REPAIR □ EXPANSIO	N 🗆 Site Improvements requ	sired prior to Construction Authorization Issuance:
Type of Structure: 5FO (28 × 36)		
Proposed Wastewater System Type: 25% Res	SUCTION SYSTEM	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occup	pants:max	
Basement Tyes No		
Pump Required: □Yes ➤ No □ May be requ	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public	☐ Well Distance from well _ 1 ○ ○ feet	Permit valid for: 🔀 Five years
Permit conditions:		No expiration
1 1 11 11		·
Authorized State Agent::	REHS Date: 1 6 14	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is responsible for check	king with appropriate governing bodies in meeting their requirements. This
	changes. The Improvement Permit shall not be affected by a change in owners	ship of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit.	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules 1950, 1952, 1	(<u>nequired for building Fernity</u> 954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references in	nto this narmit and shall he met Sustams shall he installed in accordance
with the attached system layout.	1975 (1995, 1996, 1996, 1996, and 1997 are medipolated by resources in	но ина регина ана знан ве пись зумена знан ве наманев ни ассогвансе
	M.	0.
ISSUED TO: SUSAN HALL	PROPERTY LOCATION: Mag	RES WIAPEL KD
1-51.00	אטונוזוטטטנ	LOT # <u>5</u>
Facility Type: SFO (38×36)	🔀 New 🗆 Expansion 🗆 Repair	
Type of Wastewater System** 25%	tures? I Yes XNO REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below if applicable [])		(Initial) trasterated from or
25°% R	EDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches 5	Q
Septic Tank Size 1000 gallons		Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inches
	Maximum Trench Depth of: 18 inches	/M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	maximum menen bepan on menes	(Maximum soil cover shall not exceed
	•	· ·
	(Trench bottoms shall be level to +/-1/4"	(maximum soil cover shall not exceed 36" above the trench bottom)
Dumn Raquiraments fr TNH vs	(Trench bottoms shall be level to +/-1/4" in all directions)	36" above the trench bottom)
Pump Requirements:ft. TDH vs	(Trench bottoms shall be level to +/-1/4" in all directions)	36" above the trench bottom) inches below pipe
	(Trench bottoms shall be level to +/-1/4" in all directions) GPM	36" above the trench bottom) Aggregate Depth: inches below pipe
Pump Requirements:ft. TDH vs	(Trench bottoms shall be level to +/-1/4" in all directions) GPM	36" above the trench bottom) inches below pipe
Conditions:	(Trench bottoms shall be level to +/-1/4" in all directions) _ GPM	36" above the trench bottom) Aggregate Depth: inches above pipe inches total
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Conditions:WATER LINES (INCLUDING IRRIGATION) MUST E	(Trench bottoms shall be level to +/-1/4" in all directions) GPM BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR RI	36" above the trench bottom) Aggregate Depth: inches above pipe inches total
Conditions:WATER LINES (INCLUDING IRRIGATION) MUST EN OUTILITIES ALLOWED IN INITIAL OR REPAIR D	(Trench bottoms shall be level to +/-1/4" in all directions) GPM BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPRESENTED AREA.	36" above the trench bottom) Aggregate Depth: inches above pipe inches total EPAIR AREA.
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Conditions: WATER LINES (INCLUDING IRRIGATION) MUST E NO UTILITIES ALLOWED IN INITIAL OR REPAIR D **If applicable: / understand the system type specified	(Trench bottoms shall be level to +/-1/4" in all directions) GPM BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPRAIN FIELD AREA. It is different from the type specified on the application.	36" above the trench bottom) Aggregate Depth: inches below pipe inches above pipe inches total EPAIR AREA. I accept the specifications of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST E NO UTILITIES ALLOWED IN INITIAL OR REPAIR D **If applicable: / understand the system type specified Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the size plane	(Trench bottoms shall be level to +/-1/4" in all directions) GPM BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPRAIN FIELD AREA. It is different from the type specified on the application.	36" above the trench bottom) Aggregate Depth: inches below pipe inches above pipe inches total EPAIR AREA. I accept the specifications of this permit. Date: transferred when there is a change in ownership of the site. This
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Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: MODERS CHAREL RO	
ISSUED TO: Sysam H	SUBDIVISION	LOT # <u>5</u>
Authorized State Agent:	RENS (021V62 TOLKSDORF) Date: 1/6/14	
	OT PROPERTY LINE	P
HORSE PASTURE	REPAIR AREA 28'×36' PAIR AND AND AND AND AND AND AND AN	BOGIE LANOINS OR
EXISTINS		