HTE# 14-5-32849

## Harnett County Department of Public Health

27790

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCA	ATION: RELLA HOWINGTON DR
	MAMIE BELL RIDGE LOT # 69
NEW REPAIR TO EXPANSION TO	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 560 (56 × 8')	
Proposed Wastewater System Type: 25% REDUCTION 375 Em	
Projected Daily Flow: GPD GPD	
Number of bedrooms: Number of Occupants: max	
Basement Yes No	2 (1 192
Pump Required:   Yes No May be required based on final location and elevative of Water Supply:   Community Public Well Distance from well	
Permit conditions:	LOO feet Permit valid for: Five years □ No expiration
Territe conditions.	Li No expiration
The state of the s	A 1
Authorized State Agent:: 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	t 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 ermit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the tans and rules for senage freatment and bisposar and to conditions of this periode.	
Construction Au	thorization
(Required for Build	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 at with the attached system layout.	re incorporated by reierences into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: SAVY HOMES LLC PROPERTY	LOCATION: BELLA HOWINGTON DR
CIIBUNICI	ON MAMIE BELL RIOCE LOT # 69
Facility Type: 650(56'×48') New Expans	
Basement?  Yes No Basement Fixtures?  Yes No	
Type of Wastewater System** 25% REDUCTION SYSTE	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable ) Pome T. 25% Responsions	
Pump 1, 25% REDUCTION	(Repair)
instantation requirements/ conditions Runner of trenches -	
Septic Tank Size 1000 gallons Exact length of each trench	366 feet Trench Spacing: Feet on Center
Pump Tank Size gallons Trenches shall be installed on o	
Maximum Trench Depth of:	18 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level t	to +/-1/4" 36" above the trench bottom)
in all directions)	,
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggragata Danth: inches above nine
Conditions: THIS PERMIT BREED ON PROPOSAL F	Toom Applicants LSS inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF S	EPTIC 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 specific	ed on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to rescocation if the site plan, plat, or the intended use changes. The Construc	
Construction Authorization is socient 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	
that Ill	. ) )
Authorized State Agent: REMS	Date: (2) 77 (74)
Construction Authorization Expiration Date: 27719	

## Harnett County Department of Public Health Site Sketch



