HTE# 14-5-33006 Harnett County Department of Public Health

27905

Improvement Permit

A	building permit cannot be issued with			. 6
ISSUED TO: SAVVY HOMES LI	PROPERTY LOCATI SUBDIVISION		e Bell Greu Ll Roge	
NEW → REPAIR □ EXPANSIO			puired prior to Construction Autho	LOT # <u>15</u>
Type of Structure: SFD (55 × 48)			F	
Proposed Wastewater System Type: Pome To 25	3% REDUCTION	_	***************************************	
Projected Daily Flow: GPD	~			
Number of bedrooms: Number of Occup	pants:8max			
Basement Yes No				
	red based on final location and elevati		B 17.1. (₩
Type of Water Supply: Community Public Permit conditions:	Well Distance from well 15	feet	Permit valid for:	Five years No expiration
Authorized State Agent::	R645 Date:	3/10/14	CEE AT	TACUEN CITE CYETCU
The issuance of this permit by the Health Department in no way guaran				TACHED SITE SKETCH in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of	hanges. The Improvement Permit shall not be aft	fected by a change in owne	rship 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	s of this permit	-	•	•
				Ψ
	Construction Aut	horization		
	(Required for Buildin			
The construction and installation requirements of Rules .1950, .1952, .1			into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.	•	•	,	
ISSUED TO: SAVY HOMES L	LC PROPERTY	LOCATION: M	AMIE BELL CI	rcie
	SUBDIVISION	MAMIE	BELL RIDGE	INT # \5
Facility Type: SFD (55'x48')	New Expansion		13120	LUI //
Basement? Yes No Basement Fix				
Type of Wastewater System** Pume T	tures? □ Yes X No 25% REDUKTY	ON SXITES	1 (Initial) Wastowater Flow	480 GPD
(See note below, if applicable \square)	0 00/0 1000	014 075.2	(IIIIIIII) Wastemater from.	<u> 100</u> up
(see note below, if applicable) Pume T	0 25% REDUCTION	(Panair)		
Installation Requirements/Conditions	Number of trenches 1	(nepair)		
Septic Tank Size 1000 gallons	Exact length of each trench 3	- foot	Transh (nasing:	Fact on Contan
	_		Trench Spacing:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cor	dom.	Soil Cover:	inches
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bot	itom)
C TDII	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	
Conditions:		AND DESCRIPTION OF THE PARTY OF		inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	E 10FT. FROM ANY PART OF SE	PTIC SYSTEM OR P	EPAIR AREA.	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR D				
		*	· · · · · · · · · · · · · · · ·	**
**If applicable: / understand the system type specified	is different from the type specified	f on the application.	I accept the specifications of	this permit.
O II I B Ci-m-41,140			n	
Owner/Legal Representative Signature:	The Control of the Co			
Inis Construction Authorization is subject to revocation if the site plan, i	Mat, or the intended use changes. The Construction	on Authorization shall not b	e transferred when there is a change in (
Construction Authorization is subject to compliance with the provisions of	the Laws and Kules for Sewage freatment and	Disposal and to the condition	ons or this permit.	ATTACHED SITE SKETCH
			21.41.	
Authorized State Agent:	me CEMS	Date: _	3)10/14	
	Cambusatian Assthanin	i Eiii D	21:0119	

Harnett County Department of Public Health Site Sketch



