#### HTE# 124-5-33034

# Harnett County Department of Public Health

## Improvement Permit

A building permit of	cannot be issued with	n only an Imp	rovement Permit	0	
ISSUED TO: ALEX MOSS	SUBDIVISION		CDOUGA20		LOT # 5
NEW REPAIR C EXPANSION C Type of Structure: SFO (36かろら) Proposed Wastewater System Type: 25% REDUGTION S		Site Improver	ments required prior to	Construction Authoriz	
Type of Structure: STO (36736)					
Proposed Wastewater System Type: 25% REDUCTION ST	DTEM				
Projected Daily Flow: <u>240</u> GPD					
Number of bedrooms: Number of Occupants:	max				
Basement 🗆 Yes 🔀 No					
Basement □Yes	al location and elevat	tions of faciliti	es		
Type of Water Supply:  Community X Public  Well Dis	stance from well 🗎 🤇	00		Permit valid for:	Five years
Permit conditions:					Five years
the d		, )			
Authorized State Agent::	NOS Date:	321	14	SEE ATTA	CHED 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 of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

### **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: ALEX T	Moss		PROPERTY LOCATIO	)N: <u>M</u>	DOUGALD	RD	
	1.0.D					LOT # <u>5</u>	
Facility Type: <u>5 ₽5 (3 0</u> Basement? □ Yes 'X N Type of Wastewater System**	(×36)	_ 🔀 New	Expansion	🗆 Repair			
Basement? 🗆 Yes 🛛 🔀 N	lo Basement Fixt	ures? 🗆 Yes	No			•	
Type of Wastewater System**	25% KE	DUCSION	SYSTEM		(Initial) Wastewater F	low: <u>240</u> GPD	
(See note below, if applicable [	71	5 25%	REDUCTION (Repair)	)			
Installation Requirements/Condition		Number of tree	nches		~		
Septic Tank Size 1000	_ gallons	Exact length of	each trench <u>15</u>	feet	Trench Spacing:	Feet on Center	
Pump Tank Size	_ gallons	Trenches shall	be installed on contour at	a	Soil Cover: <u>C-)6</u>	inches	
		Maximum Trend	ch Depth of: <u>18-28</u>	inches	(Maximum soil cover si	hall not exceed	
		(Trench bottom	s shall be level to +/-1/4	4"	36" above the trench	bottom)	
		in all direction	5)				
Pump Requirements:	ft. TDH vs	_ GPM			·	inches below pip	ре
					Aggregate Depth:	inches above pi	ipe
Conditions:						inches tot	tal

### WATER 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:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construct	tion Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance whethe provision of the Laws and Rules for Sewage Treatment and	Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: NMA 2633 Construction Authori	Date: <u>3)ションン</u> zation Expiration Date: 3 コンリン

