## Harnett County Department of Public Health

HTE#14 -5-33064

**Improvement** Permit

A building permit cannot be iss	ued with only an Improvement Perm	it	
PROPER	TY LOCATION: PAGE RD		
ISSUED TO: WILLIAM WESTER III SUBDIV	ISION		LOT #
NEW X REPAIR C EXPANSION Type of Structure: SFD (76,25)	Site Improvements required	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SFD (76×51)		-	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM			
Projected Daily Flow: 300 GPD			
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max			
Basement 🗆 Yes 🔀 No			
Pump Required: 🗆 Yes 🔀 No 🛛 🗆 May be required based on final location a	nd elevations of facilities		
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from	well <u>100</u> feet	Permit valid for:	🔀 Five years
Permit conditions:			No expiration
			•
Authorized State Agent:	Date: 32014	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 respinsible 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: WILLIAM WES	FER-11 PROPERTY	LOCATION:	PACE RD	
	SUBDIVISIO	N		LOT #
Facility Type: SFO (76×5)	2 → New □ Expansi ment Fixtures? □ Yes ■ No 10 REDUCTION S75TE	on 🗆 Repair		
Basement? 🗆 Yes 🔍 No Base	ment Fixtures? 🗆 Yes 🛛 🗙 No			
Type of Wastewater System** 25	O REDUCTION DYSTE	m	(Initial) Wastewater Flow	: <u>360     </u> GPD
(See note below, if applicable 🔲)	% REDUCTION	_(Repair)		
Installation Requirements/Conditions	Number of trenches <u>4</u>		0	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\_\_$	<u>√5</u> feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con		Soil Cover: <u>C-12</u>	inches
	Maximum Trench Depth of: <u>18</u>	-24 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	+/- /4"	36" above the trench bo	ottom)
	in all directions)			
Pump Requirements:ft. TDH v	s GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				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 DRAIN FIELD AREA.

\*\*If applicable: / 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 Construction Authorization shall not be transferr	red when there is a change 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: Date: 3 Construction Authorization Expiration Date:	2014

