Harnett County Department of Public Health

HTE# 14-5-33074

27915

Improvement Permit

	A building permit cannot be issued wi	th only an Improvement	HONINGTON DE)
ISSUED TO: SANNY HOMES LL		Marie B	ELL RIDGE	LOT # 9)
NEW DK REPAIR - EXPANSIO			quired prior to Construction Author	
Type of Structure: SFD (56'×48')		site improvements re-	fanca prior to construction Aution	ization issuance.
Proposed Wastewater System Type: 25% REDU	ICTION SYSTEM			
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occu	ipants: <u>8</u> max			
Basement 🗆 Yes 📈 No				
Pump Required: 🗆 Yes 🖌 No 🔅 🖾 May be requ	uired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	LDO feet	Permit valid for:	Five years
1110-	N			
Authorized State Agent::	REHS Date:	3/28/14	CEE 11	
The issuance of this permit by the Health Department in no way guara		t holder is responsible for the	JEE AII	ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditio	changes. The Improvement Permit shall not be	affected by a change in owne	ership of the site. This permit is subject to	compliance with the provisions of
(See note below, if applicable 🔲)	LC PROPERTY SUBDIVISIO UNEXPOSE SUBDIVISIO New Expansion No No No No No No No No No No	ing Permit) re incorporated by references (LOCATION: <u> </u>	-OEN HOWINGTO BELL RIDGE	DN D2 LOT # 91
Installation Requirements/Conditions	Number of trenches 3			
Septic Tank Size 1000 gallons	Exact length of each trench	00 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co	ontour at a		nches
	Maximum Trench Depth of:			
	(Trench bottoms shall be level t		36" above the trench bott	
	in all directions)		JU ADUYE LIE LIEIILII DOLL	ung
Pump Requirements:ft. TDH vs				1. J.
i unp nequirementsit. IDN VS				inches below pipe
Conditions:			Aggregate Depth:	
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: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.				
Owner/Legal Represe ntative Sig nature:	Date:			
This Construction Authorization is subject to revocation if the The plan, plat, or the intended use changes. The Construction Authorization shall not be transferred 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 Dispo	sal and to the conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent:Construction Authorizatio	Date: $3/25/14$ on Expiration Date: $3/25/19$			



