HTE#<u>14-5-33141</u>

Harnett County Department of Public Health

27916

Improvement Permit

	to with only an Improvement Permit LOCATION: NORWINGFON RD				
ISSUED TO: CHRISTA CHARLOTTE FERGUSON SUBDIVISION	LOCATION: NORDINGFON RD				
NEW REPAIR : EXPANSION : SUBDIVISION					
Type of Structure: SFD (50×60')	Site Improvements required prior to Construction Authorization Issuance:				
Proposed Wastewater System Type: 25% REDUCTION SYSTEM					
Projected Daily Flow: 360 GPD					
Number of bedrooms: 3 Number of Occupants: 6 max					
Basement Yes Wes					
Pump Required: Yes No May be required based on final location and	elevations of facilities				
Type of Water Supply: Community Public Well Distance from well					
Permit conditions:	No expiration				
Here III					
2630 ////////////////////////////////////	abolu				
Authorized State Agent:: Dai impage of this page is but the Health Description.					
The issuance of this permit by the Health Department in no way guarantees the issuance other permits. The site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This ot be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of				
Construction	Authorization				
	Building Permit)				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1					
with the attached system layout.					
ISSUED TO: CHRISTA CHARLOTTE FERCUSON PROP	ERTY LOCATION: NOTICE STON RD				
SUBD					
	xpansion 🗆 Repair				
Basement? ⋈ Yes □ No Basement Fixtures? □ Yes ⋈ No					
Type of Wastewater System** 25% REDUCTION Sys	(Initial) Wastewater Flow: 360 GPD				
(See note below, if applicable □) 25% REDUCTION					
25% REDUCTION	(Repair)				
Installation Requirements/Conditions Number of trenches	·				
Septic Tank Size 1000 gallons Exact length of each trench					
Pump Tank Size gallons Trenches shall be installed or					
Maximum Trench Depth of:	A4- 50 inches (Maximum soil cover shall not exceed				
(Trench bottoms shall be le	evel to +/-1/4" 36" above the trench bottom)				
in all directions)	•				
Pump Requirements:ft. TDH vs GPM	inches below pipe				
	Aggregate Depth: inches above pipe				
Conditions:	inches total				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART C	JE CEPTIC CYCTEM OR REPAIR AREA				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	JI SEI HE STSTEM ON NEI AIN ANEA.				
**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 Co	onstruction Authorization shall not be transferred when there is a change in ownership of the site. This				
Construction Authorization is sobject to compliance with the provisions of the Laws and Rules for Sewage Treatme	ent and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
	1 1.				
Authorized State Agent:	Date: 3 26 14				

Harnett County Department of Public Health Site Sketch

ISSUED TO: CHOISTA CHARLOTTE FERGUS	PROPERTY LOCATON:_ On Subdivision	NORMNET	an Ro	LOT # <u>\</u>
	EHS COLIVER TO		3/26/14	
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CLEARED AREA ON DURCHE TRACT V				
HOUSE				
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* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION.