HTE# 14-5-336150 Harnett County Department of Public Health

28040

Improvement Permit

| A building permit cannot be issued with only an limit | LOORES CHAPEL (BOGIE LANDING |
|--|--|
| ISSUED TO: MATHEW COMOY HEMBY SUBDIVISION | LOT # A |
| NEW REPAIR □ , EXPANSION □ Site Improve | ements required prior to Construction Authorization Issuance: |
| Type of Structure: SEO (48×80) | |
| Proposed Wastewater System Type: 25% o KEOUGION 3756x | |
| Projected Daily Flow: GPD | |
| Number of bedrooms: Number of Occupants: 10 max | |
| Basement Yes No | |
| Pump Required: Yes No May be required based on final location and elevations of facility May be required based on final location and elevations of facility May be required based on final location and elevations of facility | |
| Type of Water Supply: Community Public Well Distance from well 100 | feet Permit valid for: Five years Do expiration |
| Permit conditions. | — по схупилоп |
| the state of the s | |
| Authorized State Agent:: Date: 9 24 |) SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way guarantees the issuance of this permits. The permit holder is respon site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Fermit shall not be affected by a chattee Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | nsible for checking with appropriate governing bodies in meeting their requirements. This ange in ownership of the site. This permit is subject to compliance with the provisions of |
| Construction Authorization | <u>ion</u> |
| (Required for Building Permit) | |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by | y references into this permit and shall be met. Systems shall be installed in accordance |
| with the attached system layout. | - (0 |
| ISSUED TO: MATHON & CINDY 1-TEMBY PROPERTY LOCATION: | MOORES CHAPEL BOGIE LANDING) |
| | |
| Facility Type: New Expansion | Repair |
| Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Description: | 41 12 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| | (Initial) Wastewater Flow: _600 GPD |
| (See note below, if applicable) 25%. REOVETION SYSTEM (Repair) | |
| Installation Requirements/Conditions Number of trenches | C ₄ |
| Septic Tank Size 1250 gallons Exact length of each trench 300 | feet |
| Pump Tank Size gallons Trenches shall be installed on contour at a | Soil Cover: 6-12 inches |
| Maximum Trench Depth of: $18-24$ | _ inches (Maximum soil cover shall not exceed |
| (Trench bottoms shall be level 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 OF SEPTIC SYST | FM 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 ap | oplication. I accept the specifications of this permit. |
| Owner/Legal Representative Signature: | Date: |
| Owner/Legal Representative Signature: | on 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 Disposal and to | |
| Authorized State Agent: | Date: 9)24)14 |
| | : Data 9101 10 |

| utf# | 14 | -5 | -33 | 61 | SR |
|-------|----|----|-----|----|----|
| HILTT | | | | | |

Permit # <u>28040</u>

Harnett County Department of Public Health

| Harnett County Department of Public Heartin |
|--|
| SitoSketch |
| PROPERTY LOCATON: MOORES CHAREZ (BOGIE LANDING) PROPERTY LOCATON: MOORES CHAREZ (BOGIE LANDING) LOT # _A Authorized State Agent: Date: 9 24 14 |
| 1737' EST 1707' EST 1707' |