HTE#<u>14-5-33624</u>

Harnett County Department of Public Health

27874

Improvement Permit

A building permit cannot be issued with only an Improvement Permit				
ISSUED TO: Dany Robanson Homes SUBDIVISION PLAN HOSTON Reported Concerned # 47				
NEW ☑ /REPAIR □ EXPANSION		Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: 563				
Proposed Wastewater System Type: 25% 2650	ver -			
Projected Daily Flow: Steel GPD	r.			
Number of bedrooms: Number of Occup	ants:max			
Basement □Yes ■ No □ May be required: □Yes □ No □ May be required.	red based on final location and eleva	ations of facilities		
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well	feet	Permit valid for:	Five years No expiration
Authorized State Agent: 2 NA	hat Date: _			ACHED 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 Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 at	re incorporated by references		
Facility Type: SFD SNEW New PROPERTY LOCATION: 50/435 Tripp RD SUBDIVISION The thrive of Venegaria Concerns LOT # 47				
< -	SUBDIVISIO	ON flastaties	at Vencyml En	eadlot # 47
Facility Type:		sion' ∟ Repair	/	
Basement? Yes No Basement Fixt	ures? Yes No			365
Type of Wastewater System** Typ 40 2	3% KONCULL		(Initial) Wastewater Flow: _	GPD GPD
(See note below, if applicable □)	03 0 0 11 20	(B. :)		
Installation Bossissments (Conditions	Number of trenches1_	(Kepair)		
			Trench Spacing:	Fred an Contan
Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons	Exact length of each trench 3			
rump rank size / / OSC gamons	Maximum Trench Depth of: Z		Soil Cover: i	
	(Trench bottoms shall be level t		(Maximum soil cover shall n	
	in all directions)	.0 〒/-1/4	36" above the trench bott	om)
Pump Requirements:ft. TDH vs	GPM		6	inches helevy sine
rump nequirementsn. IDII 43	_ ((1)		Aggregate Depth: Z	inches below pipe inches above pipe
Conditions:			Aggregate Deptil.	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10ET EDOM ANV DADT OF C	EDTIC CVCTEM OD D	PEDAID ADEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI		EFIIC STSTEM UK K	EFAIK AKEA.	
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.				
wner/Legal Representative Signature: Date: is Construction Authorization is subject to revocation if the site 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				
This Construction Authorization is subject to revocation if the site 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 Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Date: 5-25-14 Construction Authorization Expiration Date: 5-23-15				
Construction Authorization Expiration Date: 5-23-15				

Harnett County Department of Public Health Site Sketch

ISSUED TO: Lang Robitson Hones SUBDIVISION Plantific of 15 things LD LOT # 47

Authorized State Agent: Date: 5-25-14

