HTE#14.5-34/49R

## Har t County Department of Public ealth

28072

Improvement Permit

PROPERTY LOCATION: Huy 55	
SUED TO: JOAN+ Eddic MIZE SUBDIVISION LOT # 7	
EW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance:	
ype of Structure: NEW SFD	
roposed Wastewater System Type:	
rojected Daily Flow: 360 GPD	
umber of bedrooms:	
asement 🗆 Yes 🗹 No	
ump Required: 🗆 Yes 🗆 No 🖂 May be required based on final location and elevations of facilities	
rpe of Water Supply:  Community Public Well Distance from well 50' feet Permit valid for: Five years	
ermit conditions: No expiration	
uthorized State Agent: SEE ATTACHED SITE SKETCH	
e 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.	
e 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 provision e Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	s of
e can and notes for serage freatment and obsposal 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.	nce
th the attached system layout.	
SUED TO: \( \overline{JOAN} + \text{FEDDEC: MITE} \) SUBDIVISION \( \text{LOCATION: \( \frac{1}{2} \text{Wy} \leq 5 \) SUBDIVISION \( \text{Repair} \)  acility Type: \( \text{NEW 5FIX} \)  \[ \text{OAN} + \text{FEDDEC: MITE} \]  New \( \text{D Expansion} \)  Expansion \( \text{Repair} \)	
SUBDIVISION LOT # 7	
acility Type: New Expansion Repair	
asement? 🗆 Yes 🖾 No Basement Fixtures? 🗀 Yes 🖾 No	
ype of Wastewater System** NEW TANK EXISTIAN System (Initial) Wastewater Flow: 360 GPD	)
iee note below, if applicable $\square$ )	
Purp to 25% REDUCTUD (Repair)	
<u>Number of trenches</u>	
eptic Tank Size 1000 gallons Exact length of each trench feet Trench Spacing: Feet on Center	
ump Tank Size gallons	
Maximum Trench Depth of: inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)	
in all directions)	
ump Requirements:ft. TDH vs GPMinches below p	nine
Aggregate Depth: inches above	
onditions: Replace Tank only AT TIES TEME Aggregate Depth: inches above inches to	total
	Joean
ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
O 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.	
wner/Legal Representative Signature: Date:	alipe manager
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	-11
onstruction 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.	.H
EM. 1 of a	
uthorized State Agent: Date: $5-25-14$ Construction Authorization Expiration Date: $5-25-15$	
Construction Authorization Expiration Date: \( \sumsymbol{\gamma} - 25 - 1 \gamma \)	

## Harnett County Department of Public Health Site Sketch

