HTE# 14-5-34212

Harnett County Department of Public Health

28017

Improvement Permit

A	building	permit	cannot	be	issued	with	only	an	Improvement	Permit	
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A building period	nt cannot be issued wi	iui only an improvement rei		
	PROPERTY LOC	ATION: CARSTOL	HI-2 KD	
ISSUED TO: ANDREW MILTON	SUBDIVISION	Chestor HILL		LOT # <u>8</u>
NEW REPAIR REPAIR EXPANSION Type of Structure: SED (59^× 57) Proposed Wastewater System Type: 25% REDUCTION		Site Improvements require	d prior to Construction Author	zation Issuance:
Type of Structure: SFD 59~ 57'			-	
Proposed Wastewater System Type: 25% o REDUCTION	<u>۷</u>			
Projected Daily Flow: 360 GPD				
Number of bedrooms: <u>B</u> Number of Occupants: <u></u>	max			
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🛛 🖂 No 🛛 🗆 May be required based on	final location and elev	vations of facilities		~ /
Type of Water Supply: 🗆 Community 🔀 Public 🗖 Well	Distance from well	100 feet	Permit valid for:	Five years
Permit conditi ons:				\Box No expiration
				•
Authorized State Agent.	GHS Date	8/1/14	SEE ATT	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 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 with the attached system layout.

ISSUED TO: ANDREW MILTO	PROPERTY LOCATION:	PITOL HILL RO	
	SUBDIVISION CARTOZ		LOT # <u>8</u>
Facility Type: <u>SFD(59'×57')</u>	🔀 New 🗆 Expansion 🗆 Repair		
Basement? □ Yes X No Basement Fix Type of Wastewater System**S~%	tures? 🗆 Yes 🗅 🗤 🖉		_
Type of Wastewater System** 25%	REDUCTION SYSTEM	(Initial) Wastewater Flow:	<u>360</u> gpd
(San note halow if applicable [])	EOUGTION SYSTEM(Repair)		
Installation Requirements/Conditions	Number of trenches <u>3</u>	•	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench feet	Trench Spacing: <u>9</u> Soil Cover: <u>6</u>	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u> </u>	inches
	Maximum Trench Depth of: <u>18</u> inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bot	tom)
	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 SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: / 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 Construction Authorization shall not be transferred	d 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 p	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Construction Authorization Expiration Date:)4 1 19

