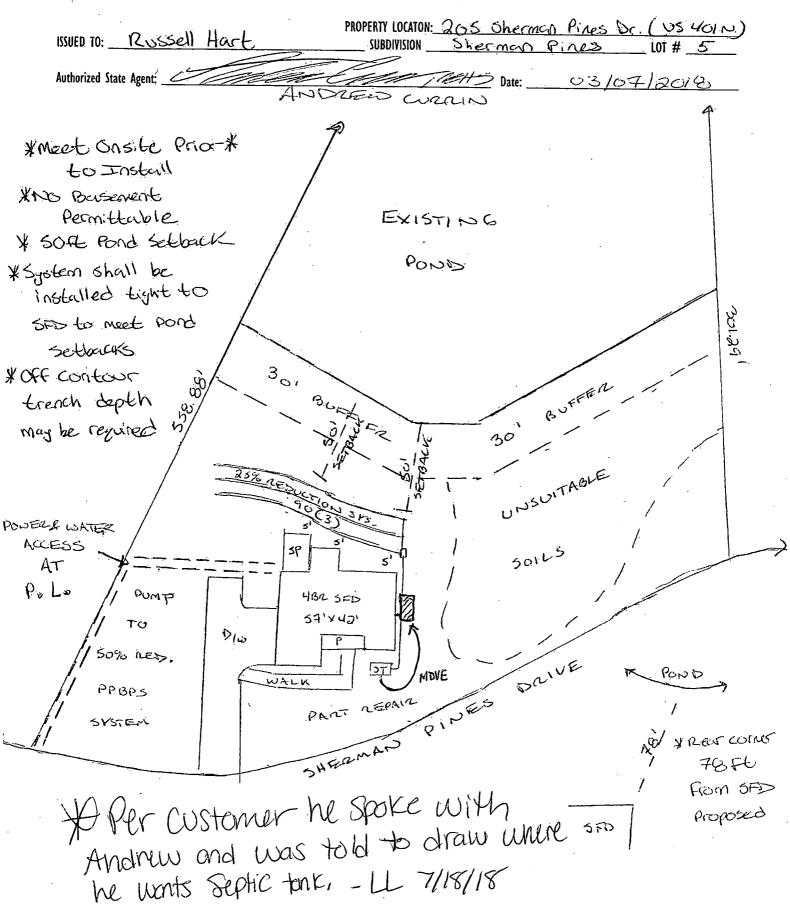
## Harnett County Department of Public Health Site Sketch



## HTE# 14-5-34 529000 Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
SSUED TO: AUSSEN HOLLE SUBDIVISION Sherman Pines St. (US 40 N)	<u></u>
NEW D REPAIR D EXPANSION D Site Improvements required prior to Construction Authorization Issuance:  Sype of Structure: 480.57 × 42 5 5	
Proposed Wastewater System Type: 25% Reduction Ss.	
Projected Daily Flow:	
Number of bedrooms: 4— Number of Occupants: 6 max	
Basement □Yes □ No	
Pump Required: 🗆 Yes 🗀 No 🖾 May be required based on final location and elevations of facilities	
ype of Water Supply: 🗆 Community 🖼 Public 🗆 Well Distance from well <u>A</u> feet Permit valid for: 🖼 Five years	
Permit conditions: No expiration No Sextocick	
uthorized State Agents: SEE ATTACHED SITE SKETCH	<del></del>
he 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. It 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 he Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	This ins of
Construction Authorization	_
(Required for Building Permit)	
he 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	ance
ith the attached system layout.	
SSUED TO: 1255ell Howt PROPERTY LOCATION: 265 Shermon Pines Or. (US 46 SUBDIVISION Shermon Pines D. (US 46	<u>نم اد</u>
SUBDIVISION Sherman Pines 10T # 5	- —
acility Type: 40a 57'×42' 555 🕒 New 🗆 Expansion 🗆 Repair	
asement?  Yes No Basement Fixtures? Yes No	
ype of Wastewater System**	D
See note below, if applicable 🔲)	
SO/16 Neduction PROPS Sys. (Repair)	
nstallation Requirements/Conditions Number of trenches <u>3</u>	
eptic Tank Size <u>1250</u> gallons	
ump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: 18-3 6 inches	
Maximum Trench Depth of: 30→18 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	pipe
Aggregate Depth: NA inches above	
onditions: No Basement; SOFE Pond Setback NA inches	
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:	
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	
Instruction 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.	CH
uthorized State Agent:	
ANDREW WARIN Construction Authorization Expiration Date: 03/07/2023	