HTE# 14-5-34715

Harnett County Department of Public Health

28155

Improvement Permit

A building permit cannot be issued with	h only <u>an Im</u> provement Permit
PROPERTY LOCAT	TION: TILDEN HOWINGTON DL
ISSUED TO: <u>Savuy Homes Inc</u> SUBDIVISION	MAMIE BELL RIDGE LOT # 85
NEW REPAIR C EXPANSION C Type of Structure: <u>SEO (43,246')</u> Proposed Wastewater System Type: <u>25% Reduction Sys</u> tem	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: <u>580(43,246')</u>	· · · ·
Proposed Wastewater System Type: <u>25% REDUCTION SYSTEM</u>	
Projected Daily Flow:GPD	
Projected Daily Flow: GPD Number of bedrooms: Number of Occupants: _&max	
Basement \Box Yes \searrow No	
Pump Required: 🛛 Yes 🏾 🖄 No 🛛 🗆 May be required based on final location and eleva	itions of facilities
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 📐	
Permit conditions:	No expiration
1 de la	
Authorized State Agent:: DOL TZENS Date:	11/5/124 SEE ATTACHED 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: SANNY	Homes In	oc	PROPERTY LOCATION: _	Tiz	DEN HOWINGTON	1 Da	
a mali					BELL RIDGE	LOT #]	85
Facility Type:	13746)	🔄 🕅 New 🔪	Expansion	Repair			
Basement? Ves	lo Basement Fixt	ures? 🗆 Yes 🛛 🗵	No				
Type of Wastewater System**	25% R	EDUCTION	SYSTEM		(Initial) Wastewater Flow:	480	_ GPD
(See note below, if applicable \Box					· · · ·		
	25%	KEDVCT101	N(Repair)				
Installation Requirements/Condition	ons	Number of trenches	5		0		
Septic Tank Size <u>1000</u>	gallons	Exact length of eacl	1 trench <u>80</u>	feet	Trench Spacing:	_ Feet on Center	•
Pump Tank Size	_ gallons	Trenches shall be in	stalled on contour at a		Soil Cover:	inches	
		Maximum Trench De	pth of:	inches	(Maximum soil cover shall	not exceed	
		(Trench bottoms sha	I be level to +/-1/4"		36" above the trench bot	tom)	
		in all directions)				,	
Pump Requirements:	ft. TDH vs	_ GPM				inches be	elow pipe
					Aggregate Depth:		ıbove pipe
Conditions:				4101. dm W 1. 4 .			ches 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: I 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 whe	n 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: Date: Construction Authorization Expiration Date:	14]s=]19

