HTE# /	4-5-34736RR

Harnett County Department of Public Health

28090

Improvement Permit

A building permit cannot be issued with	only an Improvem	ent Permit			
PROPERTY LOCATI	10N 31/495 7	Tupp RD			
ISSUED TO: GARLI Rob Edson Homes UC SUBDIVISION	PUG	<i>//</i>	LOT # 45		
NEW Z / REPAIR Z EXPANSION Z	Site Improvements	required prior to Construction Author	ization Issuance:		
Type of Structure:					
Proposed Wastewater System Type: Pup to 25-20 RADUCORD			5 1 4 5		
Projected Daily Flow: <u>36 o</u> GPD	<u> </u>	OUT AROUND	SIAB		
Number of bedrooms: Number of Occupants: max	•		-		
Basement 🛛 Yes 🖉 No					
Pump Required: 🛛 Yes 🛛 No 🖓 May be required based on final location and elevati	ions of facilities				
Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well Distance from well	feet	Permit valid for:	Five years		
Permit conditions:			🗆 No expiration		
Follow Sort Supretist	Onyou.	5			
Authorized State Agent: Date: Date:	/1-18-	<u> </u>	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 Buildin	<u>g Permit)</u>				

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: CAMY RobINSON HO	<u>nes (LC</u> PROPERTY LOCATION: <u>SUBDIVISION</u> SUBDIVISION <u>>UC</u> New □ Expansion □ Repair	35 Tripp RD			
	SUBDIVISION PUG	LOT # <u>45</u>			
Facility Type: SFD	🛛 New 🗆 Expansion 🗖 Repair				
Recomment? Vas INo Recomment Fix	turas? Vas INO				
Type of Wastewater System** <u>Pump to</u>	2520 RBSCERON System	(Initial) Wastewater Flow: 360 GPD			
(See note below, if applicable □)					
Pump to a	2520 REDUCTON System				
Installation Requirements/Conditions	Number of frenches /				
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>320</u> feet	Trench Spacing: Feet on Center			
Pump Tank Size gallons	Irenches shall be installed on contour at a	Soil Cover: inches			
	Maximum Trench Depth of: 16" may inches	(Maximum soil cover shall not exceed			
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)			
	in all directions)				
Pump Requirements:ft. TDH vs	GPM	inches below pipe			
		Aggregate Depth: inches above pipe			
Conditions: Follow	AMACHTED LAGENT	12 inches total			
Conditions:					
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 b	č			
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.					
Authorized State Agent: Jan & Manhant Date: 11-18-14					
	Construction Authorization Expiration D	ate: 11-18-10			



+ DONOT OUT AROUND SIAB-WELL VOED Permit (NO Repaire) & Follow Consultant Langort. AS permetted.

