HTE# 147-5-34911)

Harnett County Department of Public Health

28162

Improv	ement	Permit

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A building permi	t cannot be issued	with only an Imp	rovement Permit

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	PROPERTY LOCATION.	PODIOLE 1	- 1

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ISSUED TO: SOUTH-SOAN INC SUBDIVISION	TROTTERS	BLUFF	LOT # <u>49</u>
NEW REPAIR		uired prior to Construction Autho	
Type of Structure: <u>SEO (38メムン)</u>	•		
NEW REPAIR ローモXPANSION ロ Type of Structure: <u>SEO (35×ムン)</u> Proposed Wastewater System Type: <u>AS% REDUCT (01) System</u>			
Projected Daily Flow: 3600 GPD			
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max			
Basement Ves No			
Pump Required: 🗆 Yes 💙 🗆 No 🛛 🗙 May be required based on final location and elev	ations of facilities		
Pump Required: Type of Water Supply: Community Public Well Distance from well Community Public Well Distance from well Community Community Public Community Community Communit	100 feet	Permit valid for:	Five years
Permit conditions:			Five years
			I I
Authorized State Agent:	11/22/14	SEE AT	TACHED SITE SVETCH

The issuance of this permit by the Health Department in no way guarantees the bound 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: South	SCAN INC	PROPERTY LOCATION: P	RAIRIE LN	
, ,				LOT # <u>ዓ</u> ግ
Facility Type: SFD(36×	422/	New Expansion Rep	pair	
Basement? 🗆 Yes 🛛 🔀 No	o Basement Fixt	UTES? [] YES XNO ZEDUCTION SYSTEM		
Type of Wastewater System**	25%	REDUCTION SYSTEM	(Initial) Wastewater Flow: _	<u>360 </u>
(See note below, if applicable \Box	Pumeto	25% REDUCTION (Repair)		
Installation Requirements/Condition	<u>ns</u>	Number of trenches		
Septic Tank Size 1000	_ gallons	Exact length of each trench fee		Feet on Center
Pump Tank Size	_ gallons	Trenches shall be installed on contour at a		nches
		Maximum Trench Depth of: <u>18</u> inch	nes (Maximum soil cover shall n	ot exceed
		(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	om)
		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: Dat	e:
This 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
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: Consecuction Authorization Expiration Date:	P3

