HTE# 14-5-35069 Harnett County Department of Public Health

28208

Improvement Permit

A building permit cannot be issued with only an Improvement Permit Type of Structure: Proposed Wastewater System Type: 252 RRDvcran Projected Daily Flow: _____ GPD Number of bedrooms: Number of Occupants: _____ max ☑ No Basement Yes May be required based on final location and elevations of facilities Pump Required: □Yes □ No Type of Water Supply:

Community Public Well Distance from well _______ feet Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent: Date: 1-9-15 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. Basement Fixtures?

Yes Basement? Yes Type of Wastewater System** 25% RADUTIN System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) 125% 10 WC P (Repair)

Number of trenches 4 Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: 24-118 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: Z inches below pipe

| Z inches above pipe | | / Z inches total Pump Requirements: ft. TDH vs. GPM 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: 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 Date: 1-9-18 Authorized State Agent: Construction Authorization Expiration Date: 1-9-20

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 51/43	7 Bolland RD	
ISSUED TO: STANCEL BUZIDBRS IT	C SUBDIVISION Hade	lan PT	LOT # <i>_ZZ</i>
Authorized State Agent:	Janhart -	Date:	/5

