HTE# 14-5-35208

Harnett County Department of Public Health

28213

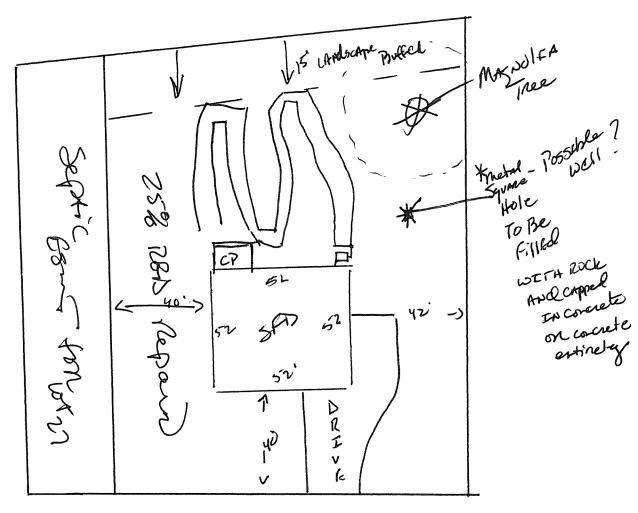
Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 51447 Rouls CLOB Res						
ISSUED TO: SEA 2 ((C	SUBDIVISION Mar voling Crest	LOT # <u>28</u>					
NEW ☑ REPAIR ☐ EXPANSION ☐	Site improvements required prior to Construction	n Authorization Issuance:					
Type of Structure: SF3							
Proposed Wastewater System Type: 2590729700000	_						
Projected Daily Flow: 360 GPD							
Number of bedrooms: Number of Occupants:	_max						
Basement Tyes No							
Pump Required: Yes No May be required based on final I	ocation and elevations of facilities	_/					
Type of Water Supply: Community Public Well Distar Permit conditions:	ce from well feet Permit valid						
Termit Conditions.		_ □ No expiration					
5 11	1-						
Authorized State Agent: Asshan	Date: 1-22-15	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	hodies 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 s	subject to compliance with the provisions of					
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit							
	. A						
<u>Constr</u>	<u>uction Authorization</u>						
(Rec	uired 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 med	t. Systems shall be installed in accordance					
with the attached system layout.							
ISSUED TO: SEA Z UC	PROPERTY LOCATION: SOL 1947 Parts (1)	a 00					
	PROPERTY LOCATION: SALY47 RAMS (IVA	LOT # 28					
Facility Type: New	Expansion Repair	LUI #					
Basement? Yes No Basement Fixtures? Yes	No Repair						
Type of Wastewater System** 25% (Cerbuctus) Sys	T	ri 2(A con					
(See note below, if applicable \square)	(Initial) Wastewater	Flow: <u>360</u> GPD					
25% 78 mc 200 2	isysta— (Repair)						
Installation Requirements/Conditions Number of trench							
	ach trench 120 feet Trench Spacing: 9	} • • • • • • • • • • • • • • • • • • •					
•							
<u> </u>	installed on contour at a Soil Cover:						
	Depth of: 36 > 18 inches (Maximum soil cover						
•	shall be level to $\pm \frac{1}{4}$ " 36" above the trend	ch bottom)					
in all directions)							
Pump Requirements:ft. TDH vs GPM	-	inches below pipe					
0.12	Aggregate Depth:	inches above pipe					
Conditions: Metal Pipe And Holo	to Be Filed	inches total					
Concrete - on cone	reto + Rock.						
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	Y 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	he type specified on the application. I accept the specification	ns of this permit.					
2 // 12 2 2							
Owner/Legal Representative Signature:	Date:						
this Construction Authorization is subject to revocation if the site plan, plat, or the intended use ch	anges. The Construction Authorization shall not be transferred when there is a char						
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	wage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH					
5 1	Le						
Authorized State Agent: Date: 1-22-15							
Construction Authorization Expiration Date:							

Harnett County Department of Public Health Site Sketch

	- 4 4 -		PROPERTY LOCATON: SUBDIVISION	521447	RAWLS C	10B 120.	AD
ISSUED TO:	S=A 2	llc	SUBDIVISION	MARNO	Isa Cre	st.	_ LOT # <u>28</u>
		5		. 0		. 70	—
Authorized State	Agent:		Markst		Date:	1-12	-/5



ALBAN ROW