HTE# 15-5-35354 Harnett County Department of Public Health

28219

Improvement Permit

A Du	nding permit cannot be issued with only an i		
ISSUED TO CAL POLICED HOS	PROPERTY LOCATION:	1438 1 mbb KI	107 # 7
ISSUED TO: GAMY KOBENSON Hom			LOT # <u>25</u>
NEW EXPANSION	☐ Site Impre	ovements required prior to Construct	ion Authorization Issuance:
Type of Structure:			
Proposed Wastewater System Type: Purp to 25% Projected Daily Flow: 360 GPD	s red		
Projected Daily Flow: GPD			
Number of bedrooms: Number of Occupan	ts: <u> </u>		
Basement Tyes No			
Pump Required: ☐Yes ☐ No ☐ May be required	based on final location and elevations of fac	cilities	
	Well Distance from well		lid for: 🗆 Five years
Permit conditions:			No expiration
			•
Authorized State Agent:	what Date: 2-	-12-15	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantee			
site is subject to revocation if the site plan, plat, or the intended use chan	•	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 o	this permit		
	Construction Authoriza	ıtion	
	(Required for Building Permit		
The construction and installation requirements of Rules .1950, .1952, .1954			met Systems shall be installed in accordance
with the attached system layout.	.1735, .1730, .1737, .1730. and .1737 are incorporated	by references into this periore and shall be	met systems shan be instance in accordance
ISSUED TO: GARY ROBINSON AN	PROPERTY LOCATION	: DR1435TRIPP R	2
-	SUBDIVISION PU	16	LOT # 25
Facility Type:		□ Repair	
/	- / !	nepan	
		ha- a : : » 111	, r. 310 cm
Type of Wastewater System** 10-p to 25	12 Robbucous Sy	(Initial) Wastewai	ter Flow: 360 GPD
(See note below, if applicable □)	70.50		
topto t	(Repair)		
Installation Requirements/Conditions	Number of trenches		\circ
	Exact length of each trench 300	feet Trench Spacing:	Feet on Center
	Frenches shall be installed on contour at		
,	-	•	inches
	Maximum Trench Depth of: <u>20→18</u>	•	ver shall not exceed
(Trench bottoms shall be level to $+/-1/4$	36" above the to	rench bottom)
i	n all directions)		
Pump Requirements:ft. TDH vs	GPM ,		inches below pipe
		Aggregate Depth:	Z inches above pipe
Conditions:		Algeregate Deptili	inches total
Collations.		· · · · · · · · · · · · · · · · · · ·	Inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF SEPTIC SYS	STEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	AIN FIELD AREA.		
**If applicable: / understand the system type specified is	different from the type specified on the	application. I accept the specifical	ations of this permit.
Owner/Legal Representative Signature:		Date: _	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat	or the intended use changes. The Construction Authoriza	tion 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.			
	2 1 1		
Authorized State Agent:			
Authorized State Agent:	· promon	vate:	/ >
	Construction Authorization Ex	piration Date: <u>2 - 17</u>	ZO

Permit # 28215

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON 54143	STRing RD
ISSUED TO: Cotyn Rob Inso Homes InsuBDIVISION DVC	LOT # <u>75</u>
Authorized State Agentiones & Manhand	Date: 2 -12-15

