HTE# 15-5-35356

Harnett County Department of Public Health

28183

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PRO	PERTY LOCATION	DUNROVI	NI LN

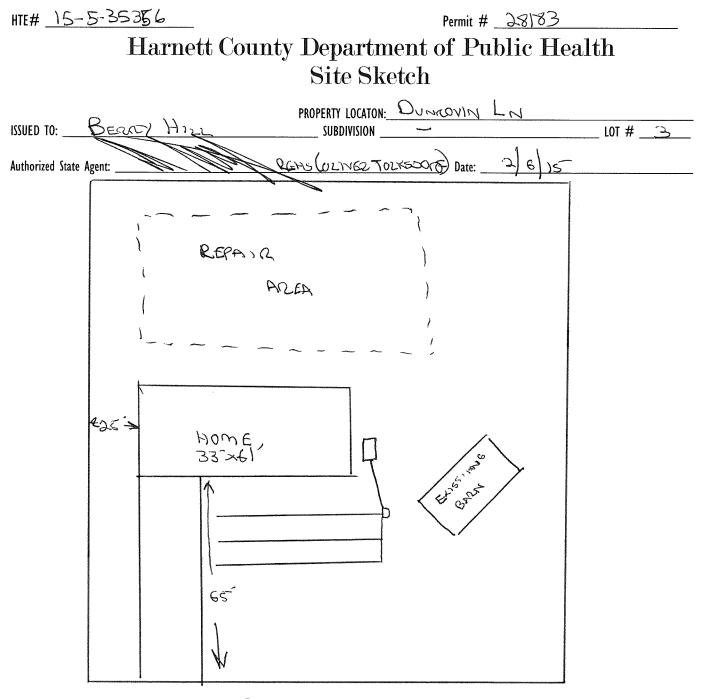
ISSUED TO: BERREY HILL	SUBDIVISION			LOT # 3
	ION 🗆	Site Improvements rea	uired prior to Construction Autho	rization Issuance:
Type of Structure: 250 (33'761')		•		
Proposed Wastewater System Type: 25% R	EDUCTION SYSTEM			
Projected Daily Flow: <u>360</u> GPD				
Number of bedrooms: 3 Number of Occ	cupants: <u>6</u> max			
Basement 🗆 Yes 🔀 No		•••••		
	quired based on final location and elev			
Type of Water Supply: Community Public	\Box Well Distance from well <u>\</u>	<u>CO</u> feet	Permit valid for:	Five years
Permit conditions:				No expiration
	005	Statie		
Authorized State Agent::	Date: _	L C D		TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended us				
the Laws and Rules for Sewage Treatment and Disposal and to condit	•	, 3	, , ,	
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952,			into this permit and shall be met. System	1s shall be installed in accordance
with the attached system layout.		, ,		
ISSUED TO: BEARY HILL				
ISSUED TU:C/ TT_CL	PROPERTY SUBDIVISI	LUCATION: <u> </u>	NICOVIN LIN	
Facility Type: SFO (33×61)				LOT # <u>_3</u>
	New 🗆 Expan	sion 🗆 Repair		
Basement? Ves No Basement F	ixtures? 🗆 Yes 🗆 No			2(0
Type of Wastewater System**	REOVETION SUST	En	(Initial) Wastewater Flow:	GPD
(See note below, if applicable \Box) $\mathbb{R} \cup \mathbb{R} \cup \mathbb{R}$		-0/		
Kume !	O ULSOFSTIPLLOY 25	Z(Repair)		
Installation Requirements/Conditions	Number of trenches <u>3</u>		a	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _	<u>60</u> feet	Trench Spacing: $\underline{\gamma}$	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on c		Soil Cover: <u>6ー)ス</u>	inches
, c	Maximum Trench Depth of: 🕥	5-2-2 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level		36" above the trench bo	
	in all directions)			,
Pump Requirements:ft. TDH vs	,			inches below pipe
· ···· ···· ··························			Aggregate Depth:	inches above pipe
Conditions:				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: / 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 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.	
Authorized State Agent: Date: Date: Date: Date:	



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