## Harnett County Department of Public Health

HTE# 15-5-35396

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A building permit cannot be issued wi	th only an Improvement Permit	
PROPERTY LOCA	ATION: McDougaco Ro	
ISSUED TO: TOTAL POTTED DES SUBDIVISION	MCDOUGALD PLACE	LOT # <u>1</u>
NEW REPAIR ロ EXPANSION ロ Type of Structure: SFO (3) ~ ~ G子	Site Improvements required prior to Construction Author	ization Issuance:
Type of Structure: SFO (3) * GZ		
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants: max		
Number of bedrooms: Number of Occupants: max Basement 🗆 Yes KNo		
Pump Required:  Yes INO May be required based on final location and elever Type of Water Supply:  Community Public IV Well Distance from well	ations of facilities	Ν.
Type of Water Supply:  Community Public  Well Distance from well	OO feet Permit valid for:	Five years
Permit conditions:		Five years
		•
	1 1	
Authorized State Agent:: Republic Authorized State Agent:	2 (9)15 SEF ATT	ACHED 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.

ISSUED TO: MOSS HO	MEBUILDE	ROPERTY LOCATION:	MaDougaio Ro	
1		CURRINGIAN M.	N . Quest	LOT # _ <b>_</b>
Facility Type: 570 (3	1×62)	L New □ Expansion □ 1 res? □ Yes ➤ No REDUCTION STOTEM	Repair	
Basement? 🗆 Yes 🖂 No	Basement Fixtu	rres? 🗆 Yes 🔍 No 🖉		~
Type of Wastewater System**	25%	REDUCTION DYSTEM	(Initial) Wastewater Flow: _	<u>'360</u> GPD
(See note below, if applicable	1	0 25% REDUCTION (Repair)		
Installation Requirements/Condition	<u>21</u>	Number of trenches	0	
Septic Tank Size 1000	gallons	Exact length of each trench $\_180$	feet Trench Spacing:	Feet on Center
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-18</u> in	iches
		Maximum Trench Depth of: $18^{-30}$ i	inches (Maximum soil cover shall n	ot exceed
		(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	im)
		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: 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:	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 to object 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: Construction Authorization	_ Date: _ 2)のから Expiration Date: シークロの							

