HTE#_15-5-3543C

Harnett County Department of Public Health

28373

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hwy 27 PROPERTY LUCATION: Truy - 1

SUBDIVISION GARRY Colley LOT # Site Improvements required prior to Construction Authorization Issuance: NEW 🛮 Type of Structure: Proposed Wastewater System Type: Pump to 25% RBD Projected Daily Flow: ____ Number of Occupants: ____ Number of bedrooms: Basement TYes ☐ May be required based on final location and elevations of facilities Five years Permit valid for: Permit conditions: ☐ No expiration pres Manhant Date: 5-8-18 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 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 🗆 No Basement? Yes Pumpto 25% No No GPD (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) Number of trenches ________ Installation Requirements/Conditions Exact length of each trench _ 100 Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20-7/8 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) 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: ___ 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 SEE ATTACHED SITE SKETCH 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:

Harnett County Department of Public Health Site Sketch

JED TO: ~ Ami	e B Hughes	_ SUBDIVISION & AU,_	my bley	LOT #
orized State Agent:	genes & Many	C. 12°	Date:	
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