HTE# 15.535457

Harnett County Department of Public Health

28308

Improvement Permit

A building permit cannot be issued wit			
PROPERTY LOCA	TION: PRAIR	NE LN	
ISSUED TO: SOUTIN SCAN INC. SUBDIVISION	TROTTERS	BLUTT	LOT # <u>い</u>
NEW X REPAIR SEPAIR STATE STRANSION Type of Structure:		equired prior to Construction Autho	
Type of Structure: SRD (48×30)			
Proposed Wastewater System Type: 25% REDUCTION SYSTEM			
Projected Daily Flow: 480 GPD		······································	
Number of bedrooms: Number of Occupants: max			
Basement 🗆 Yes 🔍 No			
Pump Required: 🗆 Yes 🛛 No 🕅 May be required based on final location and eleva	tions of facilities		*
Type of Water Supply: 🗆 Community 🖂 Public 🗆 Well Distance from well 🔟	<u>♥</u> feet	Permit valid for:	Five years
Permit conditions:			No expiration
1/1 10-			•
	1 1		
Authorized State Agent:: Date:	3 33 15	SEE AT	TACHED 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: SOUTH SCAN IN	C PROPERTY LOCATION:	LAIRIE LN
(10-10-1)		S BLUFF LOT # 47
Facility Type: <u>SEO (48'×38')</u> Basement? I Yes IX No Basement Fig	🖳 New 🚬 🗆 Expansion 🛛 Repair	
Basement? 🗆 Yes 🖹 No 🛛 Basement Fix	tures? 🗆 Yes 🛛 🔍 No	, ,
Type of Wastewater System**	EDUCTION SYSTEM	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable Dune To	, 25% RED (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size <u>10000</u> gallons	Exact length of each trench 240 feet	Trench Spacing: <u>9</u> Feet on Center Soil Cover: <u>6 18</u> inches
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: $\underline{C-18}$ inches
	Maximum Trench Depth of: $18-30$ 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	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 specificat	ions 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 c	
Construction Authorization is abject 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: Date: Date: Date: Construction Authorization Expiration Date:)



