HTE# 15-5-35563

Harnett County Department of Public Health

28302

_____ inches total

Improvement Permit

	<u>iniprovenient r</u>	ernnt		
	A building permit cannot be issued with on	ly an Improvemen	t Permit	
	PROPERTY LOCATION			
ISSUED TO: JSJ BUILOGR	INC SUBDIVISION We	ST LAND	ING ETHE SUMME	T LOT # 159
NEW 🛛 REPAIR 🗆 EX	(PANSION 🗆 Sit	e Improvements re	quired prior to Construction Autho	rization Issuance:
Type of Structure: <u>SFO (55'×4</u>				
Proposed Wastewater System Type: <u>25%</u>	REDUCTION DYSTEM			
Projected Daily Flow: GPD				
Number of bedrooms: Number o	f Occupants: <u>10</u> max			
Basement 🗆 Yes 🔀 No	_			
	e required based on final location and elevation			× /
Type of Water Supply: 🗆 Community 😹 Pi	Iblic \Box Well Distance from well <u>10</u>	<u> </u>	Permit valid for:	Five years
Permit conditions:				No expiration
	\mathcal{H}			
		1. 1.~~		
Authorized State Agent::	Date: 3	1 20 12		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no was site is subject to revocation if the site plan, plat, or the intence				
the Laws and Rules for Sewage Treatment and Disposal and to	•	a by a change in oni	ersnip of the site. This permit is subject to	compliance what the provisions of
	Construction Author	vization		
	(Required for Building	,		
The construction and installation requirements of Rules .1950, . with the attached system layout.	1952, .1954, .1955, .1956, .1957, .1958. and .1959 are inc	orporated by references	into this permit and shall be met. System:	s shall be installed in accordance
. ,	λ.	C	ï	
ISSUED TO: 353 BUILDER	SINC PROPERTY LO	CATION: 📿	PPER LOOP	
	SUBDIVISION	WESTL	AND NG CITUR SUM	m 101 # 159
Facility Type: SFD (55'×47)	New D Expansion	🗆 Repair		
	int Fixtures? Yes No			
Type of Wastewater System**	REQUESTION SUSTEM		(Initial) Wastewater Flow:	GOB GPD
	Nubberron System		(IIIIIai) Wastewater riow.	
(See note below, if applicable \Box) Q S \checkmark	· REDUCTION (R			
		epair)		
Installation Requirements/Conditions	Number of trenches	_		
Septic Tank Size <u>1250</u> gallons	Exact length of each trench <u>r</u>		Trench Spacing: <u>1</u>	
Pump Tank Size gallons	Trenches shall be installed on conto		Soil Cover: <u>G-18</u>	inches
	Maximum Trench Depth of: <u>18-</u> 2	30 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to +	/-1/4"	36" above the trench bot	tom)
	in all directions)			
Pump Requirements:ft. TDH vs.	,			inches below pipe
· · · · · · · · · · · · · · · · · · ·			Aggregate Depth:	

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: 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 is subject to compliance with the provision of the Laws and Rules for Sewage Treatment and Disposal and t	o the conditions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent:	Date: $3/11/15$ iration Date: $3/11/20$			

