HTE# 15-5-36945

## Harnett County Department of Public Health

28325

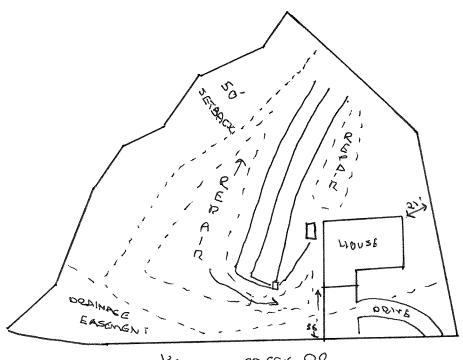
<u>Improvement Permit</u>

| A   | building permit cannot be issued with o  |                              |   |                                   |
|---|--|------------------------------|---|-----------------------------------|
| C 10 - 1 P -  | PROPERTY LOCATION SUBDIVISION  |                              |   |                                   |
|   |  |                              | see T   | LOT # <u>40</u>                   |
| NEW REPAIR (EXPANSION Type of Structure: SEO (47) 356   | N 🗀 🦠  | te Improvements requi        | ired prior to Construction Authoriz   | zation Issuance:                  |
|   | NOTION SYSTEM  |                              |   |                                   |
| Projected Daily Flow: 360 GPD   | CONTRACTOR CONTRACTOR  |                              |   |                                   |
| Number of bedrooms: 3 Number of Occup   | ants: 6 max -  |                              |   |                                   |
| Basement 🗆 Yes 🗀 No   |  |                              |   |                                   |
| £ 2 /   | red based on final location and elevation  | ns of facilities             |   |                                   |
| Type of Water Supply:   Community Public Permit conditions:   |  |                              | Permit valid for:   | Five years  No expiration         |
|   |  |                              |   |                                   |
|   | RGNS Date: 5   | 10110                        | CET LTTI  | CUED CITE CUETCH                  |
| Authorized State Agent::  The issuance of this permit by the Health Department in no way guaran   |  |                              | ·   | CHED SITE SKETCH                  |
| site is subject to revocation if the site plan, plat, or the intended use c<br>the Laws and Rules for Sewage Treatment and Disposal and to condition                              | nanges. The Improvement Permit shall not be affect   | ted by a change in owners    | hip of the site. This permit is subject to c                                    | compliance with the provisions of |
|   | Construction Auth  | <u>orization</u>             |   |                                   |
|   | (Required for Building   | •                            |   |                                   |
| The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.  | h  |                              |   |                                   |
| ISSUED TO: G1350N, Romano   | "WANDA PROPERTY LO   | OCATION: King                | NIS CREEK D   | 2                                 |
| Facility Type: 550 (47 >56)   | (IIRIIIVI(IIIN   |                              | -72EB14   | LOT # <u>40</u>                   |
|   |  | ı 🗆 Repair                   |   |                                   |
|   | ures? 🗆 Yes 🔀 No   |                              | <b></b>   | 360                               |
| Type of Wasternater System  | KEDUCTION, 272   | TEM                          | (Initial) Wastewater Flow: 🗓  | GPD GPD                           |
| (See note below, if applicable $\square$ ) $\qquad \qquad \qquad$ |  |                              |   |                                   |
|   | •  | Repair)                      |   |                                   |
| Installation Requirements/Conditions  | Number of trenches   | <del>_</del>                 | 9   |                                   |
| Septic Tank Size 1000 gallons   | Exact length of each trench \\ \rightarrow | <u> </u>                     | Trench Spacing:   | Feet on Center                    |
| Pump Tank Size gallons  | Trenches shall be installed on conto   |                              | Soil Cover: in  | nches                             |
|   | Maximum Trench Depth of:   | 2 inches                     | (Maximum soil cover shall n   | ot exceed                         |
|   | (Trench bottoms shall be level to  | +/- /4"                      | 36" above the trench botto  | om)                               |
|   | in all directions)   |                              |   |                                   |
| Pump Requirements:ft. TDH vs  | _ GPM  |                              |   | inches below pipe                 |
|   |  |                              | Aggregate Depth:  |                                   |
| Conditions: Minimum OF 6"OF   | COVES NEEDED ON  | ER DOAIN                     | Figur   | inches total                      |
| WATER LINES (INCLUDING IRRIGATION) MUST B   | E 10FT, FROM ANY PART OF SEP   | TIC SYSTEM OR RE             | PAIR AREA.  |                                   |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR D   |  |                              |   |                                   |
| **If applicable: I understand the system type specified   | is different from the type specified   | on the application. I        | accept the specifications of the  | his permit.                       |
| Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, p   |  |                              | Date:   |                                   |
|   |  |                              |   |                                   |
| Construction Authorization is subject to compliance with the provisions of  | the Laws and Rules for Sewage Treatment and Di-  | sposal and to the conditions | s of this permit. SEE A   | ATTACHED SITE SKETCH              |
| Authorized State Agent:   | AN RCHS  | Date:                        | $ \begin{array}{c c} 5 & 3 & 15 \\ \hline \text{te:} & 5 & 3 & 20 \end{array} $ |                                   |
|   | Construction Authorizat  | tion Expiration Dat          | te: 5/11/20   |                                   |
|   |  | •                            |   |                                   |

## Harnett County Department of Public Health Site Sketch

| PROPERTY LOCATION: KINNIS CREEK DO                              |           |    |
|---|-----------|----|
| ISSUED TO: GRESON, ROMARD & WANDA SUBDIVISION KINNIX CREEK      | _ LOT # _ | 40 |
| Authorized State Agent: Ders (OLIMER TORKSDO (D) Date: 5) 1) 15 |           |    |
|   |           |    |

\* SYSTEM FLAGGED OUT



CREEK OR KINNIS