## HTE# 15-5-3597977 Harnett County Department of Public Health

28389

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SN 1853 Many CA ISSUED TO Howell Edwards SUBDIVISION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% (CGDV CTGD) Number of bedrooms: Number of Occupants: \_\_\_\_\_\_ max Basement TYes May be required based on final location and elevations of facilities □ No Pump Required: 
☐Yes Type of Water Supply: 
Community Public Well Distance from well \_\_\_\_\_\_\_ feet Permit valid for: Five years Permit conditions: ■ No expiration \_ Date: \_\_ 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 it lie 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: Howell Edwards PROPERTY LOCATION: & 1853 Marin RD SUBDIVISION \_\_\_\_\_\_\_

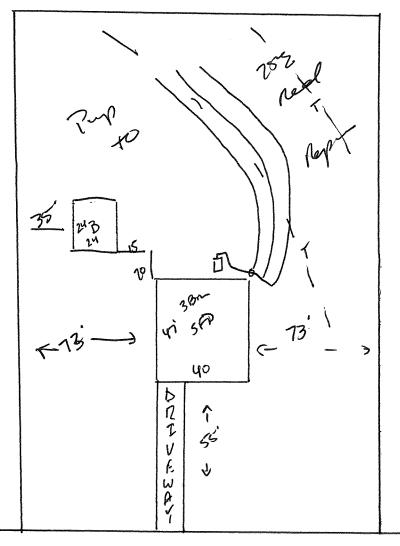
New 
Expansion 
Repair Facility Type: \_\_\_\_\_\_ Basement Fixtures? 

Yes Basement? Yes 25% 702D0000 Systa (Initial) Wastewater Flow: 360 GPD Type of Wastewater System\*\* Pup 2582 rocation (Repair)

Solid on contour at a Soil Cover: \_\_\_\_\_ Feet on Center inches (See note below, if applicable ) Installation Requirements/Conditions Septic Tank Size \_\_\_\_/ OOO \_\_\_ gallons Pump Tank Size \_\_\_\_\_ gallons Maximum Trench Depth of: 24mm 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 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. SEE ATTACHED SITE SKETCH > Marksoff Authorized State Agent: 

## Harnett County Department of Public Health Site Sketch

11 .0 -0	PROPERTY LOCATON: SAL 1853	Maria RD
ISSUED TO: Howell Edwards	SUBDIVISION	LOT # 4
Authorized State Agent:	Date:	5-27-15



SR 1853 MANN RD