HTE#15-5-36255 Harnett County Department of Public Health

28398

Improvement Permit

A building permit canno	t be issued with	n only an Improvement Permit		_		
CL D D A	PROPERTY LOCAT	1011. Src 1910 OAK V	pley France	<u>n</u> RD		
ISSUED TO: Charl Anderson	SUBDIVISION			LOT # <u>_</u>		
NEW 🖵 🛛 REPAIR 🗆 EXPANSION 🗖		Site Improvements required prior	to Construction Authori	zation Issuance:		
Type of Structure:						
Proposed Wastewater System Type: 25% TBDUOT						
Projected Daily Flow: <u>3 Ce 0</u> GPD						
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> m	nax					
Basement 🖾 Yes 🖾 No						
Pump Required: 🗆 Yes 🗆 No 🖾 May be required based on final loca	ation and eleva	tions of facilities				
		feet	Permit valid for:	Five years		
Permit conditions:		, <u></u> ,		□ No expiration		
			<u> </u>			
5 . 1 . 1						
Authorized State Agent: James & MAnhont	Date:	6-16-15	SEE ATTA	CHED 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.			1			

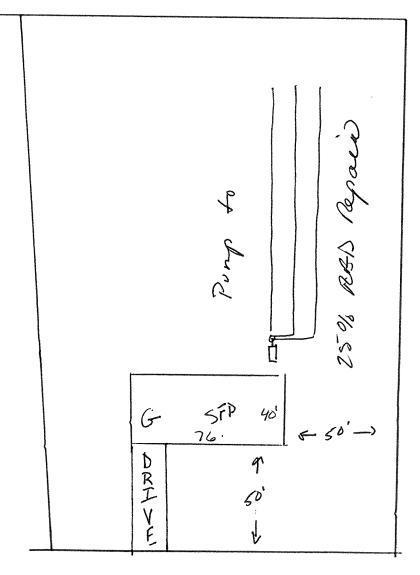
ISSUED TO: Charl Anderson	PROPERTY LOCATION: <u>Sr /</u>	910 OAK VALLE, FAM RS
	SUBDIVISION	/ LOT #
Facility Type:	🗹 New 🔲 Expansion 🗆 Repair	
Basement? 🗆 Yes 🗹 No 🛛 Basement Fixt		
Type of Wastewater System** 25% RE	DULTUS Systim	(Initial) Wastewater Flow: <u>3 ム</u> GPD
(See note below, if applicable 🗔)	/	
25% KAS	WLTLO-Systre (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size <u>1060</u> gallons	Exact length of each trench feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: こてもの 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: / 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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.				
Authorized State Agent: James Z N	Construction Authorization Expiration Date:	6-70		

HTE# 15-5- 36255 Permit # _283 98 Harnett County Department of Public Health Site Sketch ISSUED TO: <u>Chad Anderson</u> SUBDIVISION <u>LOT # 13</u> Authorized State Agent: Jone E Monhonte Date: <u>6-16-15</u>



SR OAK VAlley FARM RD