HTE# 15-5-36400 Harnett County Department of Public Health

28459

Improvement Permit

,	building permit cannot be issued with only an Improvement	
ISSUED TO: BERNAND F 10	PROPERTY LOCATION: SCISSIT	
/	SUBDIVISION	LOT # 🔏
NEW M REPAIR SET SXPANSI	JN 19 Site Improvements req	uired prior to Construction Authorization Issuance:
Type of Structure: SI- LS Proposed Wastewater System Type: 25% TVSD	(M T (C))	
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riojected bany rion.		
Number of bedrooms: Number of Occu	pants: max	
Basement Yes No		
	nired based on final location and elevations of facilities	
Type of Water Supply: Community Public	Well Distance from well 100 feet	Permit valid for: Five years
Permit conditions:	100100000000	No expiration
	100. Off of BD We	//
Addition to the second	Mail 129-	
Authorized State Agent:	ANAMA Date: 6-29-	SEE ATTACHED SITE SKETCH
site is subject to revocation in the site plan plat or the intended use	intees the issuance of other permits. The permit holder is responsible for chec changes. The Improvement Permit shall not be affected by a change in owner	cking with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition		samp of the site. This permit is subject to compliance with the provisions of
6		
	Construction Authorities	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references i	into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		,
ISSUED TO BOOK OF OF	V.	
ISSUED TO: <u>Sepward</u> F	PROPERTY LOCATION: 3053	100 h word Co RD
	SUBDIVISION	LOT #
Facility Type:	New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fix	tures? Tyes No	
Type of Wastewater System** 25% RED		(Initial) Wastewater Flow:36& GPD
(See note below, if applicable □)		(milal) Wastewater Flow Ga Gib
25% TVB	Alk III a	
	7 (**)	
Installation Requirements/Conditions	Number of trenches 5	6
Septic Tank Size / OGO gallons Pump Tank Size gallons	Exact length of each trench <u>80</u> 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: inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	so above the trenen bottomy
Duma Banningmants. (4 TDII	,	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MILST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R	EDAID ADEA
		LI AIR ARLA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR C	RAIN 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
. and comments of the specimen	is unicient non the type specified on the appreciation.	r accept the specimeations of this perimit.
Owner/Level Bennesentative Company		D /
Owner/Legal Representative Signature:	plat, or the intended use changes. The Construction Authorization shall not be	Date:
Inis Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This
construction Authorization is subject to compliance with the provisions o	f the Laws and Rules for Sewage Treatment and Disposal and to the condition	ns of this permit. SEE ATTACHED SITE SKETCH
	1/	
Authorized State Agent:	Date:	6-25-15
· /	Construction Authorization Expiration Date: _	ite: 6-25-70
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HTE# 15-5-36400

Permit # <u>28459</u>

Harnett County Department of Public Health Site Sketch

	SHE SKEICH
ISSUED TO: Bervane	PROPERTY LOCATON: SUSSI Johnston Co RIS SUBDIVISION LOT # 3
Authorized State Agent:	
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Johnston 6 74)