HTE# 15-5-36446

Harnett County Department of Public Health

28346

Improvement Permit

PROPERTY LOC	
	Beiges Farm LOT # 5
	Site Improvements required prior to Construction Authorization Issuance:
NEW REPAIR EXPANSION	the improvements required prior to construction Authorization issuance.
Type of Structure: 500 (61755)	
Proposed Wastewater System Type: 25/0 REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: max	
Basement 🗆 Yes 🔀 No	
Pump Required: □Yes □ No ★ May be required based on final location and ele	evations of facilities
Type of Water Supply: Community Public Well Distance from well _	100 feet Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agent:: Date:	C 3 0 15 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The per	mit 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	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 A	uthorization
(Required for Build The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959	
the construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1956. and .1957 with the attached system layout.	r are incorporated by references into this persit and shall be filed. Systems shall be installed in accordance
, .	0
ISSUED TO: H+H ONDIFE PROPER	ITY LOCATION: PERNUT Lu
CIIRDIVI	SION Prices train 101# 5
Facility Type: SFO (61" x55") New Expa	ansion Repair
Basement? ☐ Yes ⋈ No Basement Fixtures? ☐ Yes ⋈ No Type of Wastewater System** ☐ S % REDUCTION	3(8 000
Type of Wastewater System** 25 10 100000000000000000000000000000000	System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable) Pume To 25% Rea. Installation Requirements/Conditions Number of trenches	
Pump 10 25% KED	(Repair)
Installation Requirements/Conditions Number of trenches	•
Septic Tank Size Loop gallons Exact length of each trench	6eet Trench Spacing: Feet on Center
Septil Talik Size gailons	contour at a Soil Cover: 6-16 inches
Pump Tank Size gallons Trenches shall be installed on	· · · · · · · · · · · · · · · · · · ·
Maximum Trench Depth of: _	
(Trench bottoms shall be leve	! to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
- Torrib Royali Miles	Aggregate Depth: inches above pipe
C. Pel	4.4.4.4.4
Conditions:	menes 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	cified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Cons	struction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to revocation in the size plant, plant, of the laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Construction Authorization is subject to compliance with the posturions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	
	•
Authorized State Agent:	Date: C3615 norization Expiration Date: 63028

Harnett County Department of Public Health Site Sketch

