## HTE# 15-5-36460R Harnett County Department of Public Health

28473

(Maximum soil cover shall not exceed

Aggregate Depth: \_\_\_\_\_ inches below pipe \_\_\_\_\_ inches above pipe \_\_\_\_\_ Z\_\_\_ inches total

36" above the trench bottom)

## **Improvement** Permit

A building permit cannot be issued with only an Improvement Permit					
ISSUED TO: GARY Johtson Hon		CATION: 521435	Shipp KB	10T # 1/1	
NEW BEPAIR EXPANSION			ired prior to Construction Authori		
Type of Structure:	L	site improvements requi	ned prior to construction Authori	Lation issuance.	
Proposed Wastewater System Type: Pump to					
Projected Daily Flow: GPD					
Number of bedrooms: Number of Occupa	nts:max				
Basement 🗆 Yes 🖉 No		· · · · · · · · · · · · · · · · · · ·			
Pump Required: 🛛 Yes 🗌 No 🗌 May_be required	ed based on final location and el	evations of facilities			
Type of Water Supply: 🗆 Community 🗹 Public 🛛	□ Well Distance from well	feet	Permit valid for:	🗹 Five years	
Permit conditions:				🗆 No expiration	
	1 1				
	hick a the	0 - 70			
Authorized State Agent:	ANMAN Date:			CHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarante site is subject to revocation if the site plan, plat, or the intended use cha		•		5 1	
the Laws and Rules for Sewage Treatment and Disposal and to conditions					
	Construction A	uthorization			
	<u>(Required for Bu</u>	<u>ilding Permit)</u>			
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.	4, .1955, .1956, .1957, .1958. and .195	9 are incorporated by references in	to this permit and shall be met. Systems	shall be installed in accordance	
ISSUED TO: GARL RubFUSON HAN Facility Type:	nes lic PROPEI	RTY LOCATION: SC.14	35 TRIPARA		
	SUBDIV	ISION Plantate	me Underal Ga	LOT # 44	
Facility Type: SFD	🖂 New 🗆 Exp	ansion 🗌 Repair	/		
Basement?	res? □ Yes  ☑ No				
D /	252, T28/2	(JUT)	(Initial) Wastewater Flow: _	360 GPD	
(Saa note holow if applicable [])			(		
See note below, if applicable $\Box$ ) $Pump$ for $Pump$ f	25% RBD	(Repair)			
Installation Requirements/Conditions	25% Publo Number of trenches /	(·· <b>···</b> /			
Septic Tank Size / 000 gallons	Exact length of each trench		Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on			nches	

Exact length of each trench 3/5 feet Trenches shall be installed on contour at a

Maximum Trench Depth of: \_\_\_\_\_/8 \_\_\_\_\_/inches

(Trench bottoms shall be level to +/-1/4"

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.	

in all directions)

Pump Tank Size 100 6 gallons

Pump Requirements: \_\_\_\_\_ft. TDH vs. \_\_\_\_\_ GPM

Conditions: \_\_\_\_\_

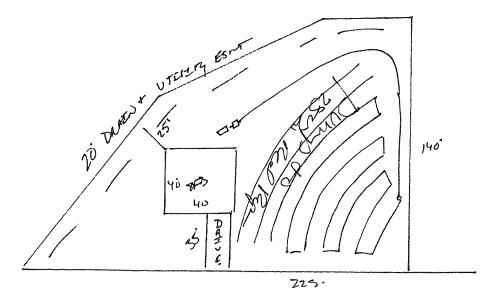
\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: 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: Date: Date: Date: Date: Date:

HTE# <u>15-5-3646012</u> Harnett County Department of Public Health Site Sketch

Pl	ROPERTY LOCATON: 32/435 True	20020
PI ISSUED TO: CAMP Robers on Homes un	_ SUBDIVISION 1/motation @ VEre	mul Green LOT # _ 44
Authorized State Agent anes C M(AN)	hant Date:	7-30-15
	· · · · ·	

+ Follow Consultants Layor 7!



Suparme DR