HTE#_15-5-365-66 Harnett County Department of Public Health 28419 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Hoover Rd. ISSUED TO; Ryan MCNe:11 SUBDIVISION LOT # EXPANSION 🗆 Site Improvements required prior to Construction Authorization Issuance: 5FD 49242 Type of Structure: Proposed Wastewater System Type: 2575 Reduction Systen Projected Daily Flow: _______ GPD Number of bedrooms: _____3____ Number of Occupants: _____ max No No Basement Yes No May be required based on final location and elevations of facilities Pump Required: 🗆 Yes Five years Public 🗆 Well Distance from well feet Permit valid for: Type of Water Supply: Community □ No expiration Permit conditions: 7/15/2015 ____ Date: Authorized State Agent: -Jusin REH SEE ATTACHED 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, .1955, .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: Rever Neill PROPERTY LOCATION: Hocker Rd SUBDIVISION SUBDIVISION SUBDIVISION Facility Type: SFO New Expansion Repair LOT # / Basement Fixtures? Yes No Basement? 🗌 Yes 🔲 No Type of Wastewater System** _25% Reduction System [Initial] Wastewater Flow: 360 GPD (See note below, if applicable \Box) 25 To Reduction System (Repair) Number of trenches _____ Installation Requirements/Conditions Number of trenches 7 Exact length of each trench 75 Frenches shall be installed on contour at a Soil Cover: 9 Feet on Center Septic Tank Size /000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18-24 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: Aun drain liner on contour 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: 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 SEE ATTACHED SITE SKETCH 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. Mc Juin, LEH Date: 7/13/2015 Authorized State Agent: Construction Authorization Expiration Date: 7/13

