HTE# 15-5-3659 6

Harnett County Department of Public Health

28503

Improvement Permit

A building permit cannot be issued with only an Improvement Permit				
ISSUED TO: SOUSH-SCAN		ITION: Docs	BLUFF	107 # L\Q
NEW REPAIR TEXPANSIO	N LI SIBDIAISION —	***************************************	quired prior to Construction Author	LOT # 48
Type of Structure: SEO(4) 738)		site improvements re	danea buot to construction wathor	Zauvii issualice.
Proposed Wastewater System Type: 25% RE	DUCTION SYSTEM			
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occup	ants: <u> </u>			
Basement 🗆 Yes 🔀 No				
	red based on final location and eleva			
Type of Water Supply: Community Public	☐ Well Distance from well	feet feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Authorized State Agent::	RAND Date:	7/27/15	CEF ATT.	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran			ecking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use cl	hanges. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
	Construction Au	<u>thorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .19			into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: SOUSH-SCAN Facility Type: SFD (42×38)	PROPERTY	LOCATION: D	ace Ro	
7	CURDIVICIO	IN TO 055 505	BUSE	LOT # 48
Facility Type: SED (4) ×38)	New □ Expans	sion \square Repair	DEDIT	LUI #
Basement? Yes No Basement Fixt	ures? Yes No	поп 🗀 керап		
Type of Wastewater System**		votem	(Initial) Wastewater Flow: _	ans (Spei
(See note below, if applicable \square)	1-000011010		(ilitiai) wastewater riow: _	GPD GPD
25%	REDUCTION	_(Repair)		
Installation Requirements/Conditions	Number of trenches 3	_(nepair)		
			Towards Commission	F
	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co			nches
	Maximum Trench Depth of:		(Maximum soil cover shall n	
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench botto	om)
B	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM		discontrate to	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			Must.	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SI	EPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.				
Out of the second of the Control				
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. 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. SEE ATTACHED SITE SKETCH				
Australiand Coate A	New Mary	•	2/2/15	
Authorized State Agent:	31 8-213		7/27/25	
Construction Authorization Expiration Date:				

Harnett County Department of Public Health Site Sketch

