## HTE# 15-5-36751/2 Harnett County Department of Public Health

28488

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SULLI B Raver RI ISSUED TO: Ken STEARMAN SUBDIVISION CAPTAONS LAND Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% TBDUCTU Projected Daily Flow: 240 Number of bedrooms: Number of Occupants: 4

Basement Ves No Pump Required: 

No 

May be required based on final location and elevations of facilities

Type of Water Supply: 

Community 

Public 

Well Distance from well \_\_\_\_\_\_\_\_ feet Permit valid for: Five years Permit conditions: ☐ No expiration 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, .1954, .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: KEN STEARMAN PROPERTY LOCATION: \$21418 RD & ROSER LOT # 3812

SUBDIVISION CAPTURES LAND LOT # 3812

Basement Fixtures? 
Yes No Type of Wastewater System\*\*

Tomp to 25% REDUCTION System

(See note below, if applicable )

Pup to 25% REDUCTION (Repair)

Installation Requirements/Conditions

Number of tracker Installation Requirements/Conditions Septic Tank Size / 000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 351 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to  $\pm 1/4$ " 36" above the trench bottom) in all directions) Aggregate Depth: Z inches above pipe

12 inches above pipe

12 inches total Pump Requirements: \_\_\_\_\_ft. TDH vs. GPM 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: 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 Authorized State Agent: Construction Authorization Expiration Date: 2-21-20

## Harnett County Department of Public Health Site Sketch

ISSUED TO: KEN STEAZMAN	OPERTY LOCATON: 501	418 BEVA	on RD	
ISSUED TO: KEN STEAZMAN	_ SUBDIVISION _ Cand	ARNS LA	nd 2	_ LOT # <i>_38R_</i> _
Authorized State Agent: MA	shorter.	Date:	8-21-1	5
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