Harnett County Department of Public Health

HTE# 15-5-3707 0

28547

Improvement Permit

A building permit cannot be issued wit PROPERTY LOCA	h only an Improvement Permit	m. 0		
PROPERTY LOCA	TION: ICNEILL	1112240		
ISSUED TO: ROBERT SLOPN SUBDIVISION	~		LOT # 28	
NEW A REPAIR C EXPANSION C Type of Structure: SCO (72753)	Site Improvements required p	prior to Construction Authoriz	zation Issuance:	
Type of Structure: SEO (72753)	the second second second second second			
Proposed Wastewater System Type: 25% REDUCTION SYSTEM				
Projected Daily Flow: 360 GPD				
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max				
Basement 🗆 Yes 🔊 🔍 No		T		
Pump Required: 🗆 Yes 🛛 🖂 May be required based on final location and elevations of facilities				
Type of Water Supply: Community X Public Well Distance from well	100 feet	Permit valid for:	Five years	
Permit conditions:			Five years	
11				
Authorized State Agent:: Reins Date:	10 12 15 SEE ATTACHED SITE SKETCH			
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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: ROBERT SLOAN	PROPERTY LOCATION:	NGILL MILL RO
()	CUDDIVICION	LOT # 2.B
Facility Type: 690(72-×53)	_ 🛛 New 🗆 Expansion 🗆 Repair	
Basement? □ Yes	ires? 🗆 Yes 🔍 No	
Type of Wastewater System**	REDUCTION DISTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable)	a	
2570	Number of trenches 3 (Repair)	
Installation Requirements/Conditions	Number of trenches <u>3</u>	<u>_</u>
Septic Tank Size 1660 gallons	Exact length of each trench $\neg \varsigma$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>G-12</u> inches
	Maximum Trench Depth of: 18-23 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:		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.

