HTE# 15-5-37113

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued wit	th only an Improvement Permit	
PROPERTY LOCA	ATION: WALKER RD	
ISSUED TO: DIGNATURE HOME DUILDED INCLUBDIVISION		LOT #
NEW 🛛 REPAIR 🗆 🖳 EXPANSION 🗆	Site Improvements required prior to Construction Autho	vrization Issuance:
NEW ス REPAIR ロ EXPANSION ロ Type of Structure: <u>S F S (そんうんらう)</u>	· · · ·	
Proposed Wastewater System Type: PUMOTO 25% ROUGION		
Projected Daily Flow: 430 GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 📈 No		
Pump Required Ares INO May be required based on final location and eleva	ations of facilities	
Type of Water Supply: Community Public Well Distance from well	feet Permit valid for:	Five years
Permit conditions:		□ No expiration
		(*))
Authorized State Agent:: Date:	11615 SEE AT	TACHED SITE SKETCH

11615 KEIS ___ Date: ___ 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: 51 COVATURE HOME B	UNDERS PROPERTY LOCATION: WA	Liker RD
	SUBDIVISION	LOT # \
Facility Type: SEO(24'×67')	_ 🛛 New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🔀 No 🖉 Basement Fixtu	Ires? [] Yes ZKNO 25% REDUCTION SYSTEM	
Type of Wastewater System** Pump Ju	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below if applicable)	To DS/o RGO (Renair)	
Installation Requirements/Conditions	Number of trenches(0
Septic Tank Size 1000 gallons	Exact length of each trench 120 feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover: 6-12 inches
	Maximum Trench Depth of: <u>18-27</u> 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.

~

**If applicable: / 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. REHS Authorized State Agent: Date:

Construction Authorization Expiration Date:

20

6

