HTE#/5-5-37326 Harnett County Department of Public Health

28578

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATIONS RIES 3 MANN RS VENNETER Monton SUBDIVISION NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: ____ Proposed Wastewater System Type: 25% 128-DVCTCOD Projected Daily Flow: 600 GPD ____ Number of Occupants: __/ O ___max Number of bedrooms: Basement Yes Pump Required:

Yes

No

May be required based on final location and elevations of facilities

Type of Water Supply:

Community

Public

Well Distance from well

feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent:

Date: 10-22-13

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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 permit is subject to compliance with the provisions of 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: Vernter Morton PROPERTY LOCATION: 52 1853 Manu RD SUBDIVISION New Facility Type: ☐ Expansion ☐ Repair Basement? Yes No Basement Fixtures?

Yes Type of Wastewater System** 25% TCSDU LTCOD System (Initial) Wastewater Flow: 600 GPD (See note below, if applicable

) Installation Requirements/Conditions Number of trenches Septic Tank Size 1200 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: Z4" 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 Conditions: 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 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. Date: 10-28-15 Authorized State Agent: Construction Authorization Expiration Date: 10 - 28 - 20

Permit # 28578

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jewifer Monton SUBDIVISION	10-28-15
651	
	No
2010/1855 280 19 11 11/2 >	
SR 1853 MANN ZI	