HTE# 15-5-37642

## Harnett County Department of Public Health

28765

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: SAMERASS CT.	
	GROVE LOT # 19
NEW REPAIR   EXPANSION   Site Improvements requ	ired prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Pume To 25% REDUCTION	
Projected Daily Flow: GPD GPD	
Number of bedrooms: Number of Occupants: 8 max	The state of the s
Basement 🗆 Yes No	
Pump Required: Ves	
Type of Water Supply:  Community Public Well Distance from well feet  Permit conditions:	Permit valid for: Five years  ———————————————————————————————————
the the second	
11015	
Authorized State Agent::  Date: 3 1016	SEE ATTACHED SITE SKETCH
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	
<u>Construction Authorization</u>	
(Required for Building Permit)	con a source con Paragraph
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references in with the attached system layout.	nto this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: H=H ONSITE HOMES PROPERTY LOCATION: SANGRASS GT	
SUBDIVISION WALNUT	Gaove LOT # 19
Facility Type: STD (33 × SY)   New   Expansion   Repair	
Basement?   Yes   No   Basement Fixtures?   Yes   No   Type of Wastewater System**   Pume To 25%   REDUCTION 3756m (Initial) Wastewater Flow:   480   GPD	
Type of Wastewater System** PUMETO 25% REDUCTION 37576	(Initial) Wastewater Flow:GPD GPD
(See note below, if applicable )	
Installation Requirements/Conditions Number of trenches 1	
	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a	Soil Cover: inches
Maximum Trench Depth of: 18-24 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
A Dr.	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE JOIT FROM ANY PART OF SERVIC SYSTEM OR RE	COLID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR RE	EPAIK AKEA.
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:	Date:
Owner/Legal Representative Signature:	transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the previsions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: 3)036	
Construction Authorization Equipation De	4m 3 12001

## Harnett County Department of Public Health Site Sketch

