Harnett County Department of Public Health

HTE#16-5-3803902

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	in provenie			
	A building permit cannot be issued			
VI C	PROPERTY LO	CATION: Ross	5 Kp	
ISSUED TO: KIMBERLEY GARDEN	IEL SUBDIVISION			lot # <u>3</u>
NEW REPAIR C -EXPANS	ION 🗆	Site Improvements re	quired prior to Construction Author	rization Issuance:
Type of Structure: 550 (9175)				
Proposed Wastewater System Type: <u>D.5°Zg</u> D	EDUCTION DYSTEM			
Projected Daily Flow: GPD				
Number of bedrooms: <u>1</u> Number of Occ	upants: <u>8</u> max			
Basement 🗆 Yes 🛛 🔁 No				12417 518
Pump Required: 🗆 Yes 🖉 No 🛛 May be req	uired based on final location and el	evations of facilities		
Type of Water Supply: 🗆 Community 🔀 Public			Permit valid for:	Five years
Permit conditions:				□ No expiration
	<u> </u>	1)		
Authorized State Agent::	RENG Date:	4 22/16	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The per	mit holder is responsible for ch	ecking 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 own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditi	ons of this permit			
				e meant
	Construction A	uthorization		
	(Required for Bui			
The construction and installation requirements of Rules .1950, .1952, .	2201 bac 8201 7201 8201 2201 8201	are incorporated by references	into this normit and shall be mot Sustained	shall be installed in secondary.
with the attached system layout.				
ISSUED TO: KIMBERLY GARD		\bigcirc	0	
ISSUED TO: KIMISERLY GARD	NG2 PROPER	ty location: <u>I</u>	oss Kp	
10000	SUBDIVI	SION		LOT # \supset
racinity type.	New 🗋 Expa	insion 🗀 Kepair		
Basement? Ves No Basement Fix	xtures? Ves No	and and a second second framework		
Type of Wastewater System** 25%	Xtures? I Yes X No REDUCTION S.	STEM	(Initial) Wastewater Flows	4.80 GPD
(See note below, if applicable \square)			(initial) Wastewater 110w.	
25%	RED. Sys.	(Panair)		
Installation Requirements/Conditions	Number of trenches	(nepair)		
Septic Tank Size 1000 gallons		11-20	9	
	Exact length of each trench _	Million 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (Trench Spacing: 9	
Pump Tank Size gallons	Trenches shall be installed on		personal and the second s	nches
	Maximum Trench Depth of:		(Maximum soil cover shall n	ot exceed
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs				inches below pipe
			Aggregate Depth:	
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: 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:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Aut	thorization 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 Dispos	al and to the conditions of this permit. SEE ATTACHED SITE SKETCH
	Date: $(4) = 216$ n Expiration Date: $(4) = 22$

