HTE# 16-5-38030

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Harnett County Department of Public Health

28771

Improvement Permit

SSUED TO: Lancaster Nac Nac Subdition Structure: Set No System Sys
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Secondary System Type: 25% Record on System Projected Daily Flow: GPD Number of Occupants: max Basement Messament Number of Occupants: max Basement Messament Number of Occupants: No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well No Epermit valid for: Five years Permit conditions: No expiration Authorized State Agent:: No SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantee: the adaptage of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This is its begient 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 Bules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Bules 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.
Type of Structure: SEO GO NO SYSTEM Proposed Wastewater System Type: DS O RECOGNO SYSTEM Projected Daily Flow: GPD Number of Dedrooms: Number of Occupants: Rax Basement Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well Fermit conditions: No expiration Authorized State Agent: Resulting SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the Expance 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.
Projected Daily Flow:
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Number of bedrooms: Number of Occupants: Rasement Ves No Number of Occupants: Rasement Ves Number of Occupants: Rasement Ves No Number of Occupants: Rasement Ves Number of Occupants Ves Number of Occu
Basement Yes
Pump Required: Yes
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years Permit valid for: No expiration
Authorized State Agent:: Date: 3 16 SEE ATTACHED SITE SKETCH
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with the attached system layout.
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Facility Type: SED (60'×100') Repair Repair PROPERTY LOCATION: DAKRLOGE SUBDIVISION EXCENTRATIONS ON MAKE BORNED LOT # B Expansion Repair Repair
incility Type: 550 (60'5100')
Activity Type. Ver No. Becomes Girthurs St. Ver No.
See note below, if applicable (1)
nstallation Requirements/Conditions Number of trenches (Repair)
eptic Tank Size 1000 gallons Exact length of each trench 300 feet Trench Spacing: Feet on Center
Pump Tank Size gallons
Maximum Trench Depth of: 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: TIMAL DRAIN FIELD LOCATION & LINE DEPTH TO BE inches total
Conditions: FINAL DRAINFIELD LOCATION & LINE DEPTH TO BE inches above pipe inches total DESERMINED AFTER ON SITE MEETING WITH HOME OWNER & BUILDER
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
O 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:
his Construction Authorization is subject to revocation is 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
onstruction Authorization is sources to compliance what the possitions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
authorized State Agent: Date: 3 22/16
Construction Authorization Expiration Date: 3/22/21

HTE# 16-5-38230

Permit # 2877)

Harnett County Department of Public Health Site Sketch

