HTE# 16-5-382562

Harnett County Department of Public Health

28832

Improvement Permit

	Duilding permit cannot be issued with only an Improvement	ANRIVER CARE ON				
ISSUED TO: KeIH BULLAR BUT	tdeas (IRDIVISION SANDLICE	LOT # 8-D				
NEW ✓ REPAIR ☐ EXPANSIO						
Type of Structure:SFD	Site improvements i	equired prior to construction Authorization issuance.				
Proposed Wastewater System Type: 25% TUDOUC	oras					
Projected Daily Flow: 360 GPD						
Number of bedrooms: 3 Number of Occu	pants: 6 max					
Basement □Yes ☑ No						
Pump Required: ☐Yes ☐ No ☑ May be requ	ired based on final location and elevations of facilities					
Type of Water Supply: Community Public	☐ Well Distance from well feet	Permit valid for: Five years				
Permit conditions:		□ No expiration				
	20.02					
Authorized State Agent: Authorized State Agent:	Parks 1 Date: 4-13-1	SEE ATTACHED SITE SKETCH				
	ntees the issuance of other narmits. The narmit helder is recognible for a	SEE ATTACHED SITE SKETCH necking with appropriate governing bodies in meeting their requirements. This				
site is subject to revocation of the site plan, plat, or the intended use	changes. The Improvement Permit shall not be affected by a change in ow	necking with appropriate governing bodies in meeting their requirements. This nership of the site. This permit is subject to compliance with the provisions of				
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit	or the site. This period is subject to compliance with the provisions of				
	Construction Authorization					
	(Required for Building Permit)					
The construction and installation requirements of Rules .1950, .1952, .1		s into this permit and shall be met. Systems shall be installed in accordance				
with the attached system layout.						
ISSUED TO: KeIth Bullock Buth	Sens PROPERTY LOCATION: 505	65012 BUERS CREEK 20 Enerve LOT # 8-D				
	/ SUBDIVISION Jandy	nove LOT # 8-D				
Facility Type:	New 🗆 Expansion 🗆 Repair					
Basement? Yes No Basement Fix	tures? 🗆 Yes 🗆 No					
Type of Wastewater System** 25% REDU	KTLON Syste	(Initial) Wastewater Flow: 360 GPD				
(See note below, if applicable [1])	,					
25% RED	Number of trenches (Repair) Exact length of each trench feet					
Installation Requirements/Conditions	Number of trenches 2					
Septic Tank Size 1000 gallons	Fyact length of each trench / 20 feet	Trench Spacing: Feet on Center				
Pump Tank Size gallons	Trenches shall be installed on contour at a					
Sanons		(S)				
	Maximum Trench Depth of: 24-218 inches	(Maximum soil cover shall not exceed				
		36" above the trench bottom)				
	in all directions)					
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe				
		Aggregate Depth: Z inches above pipe				
Conditions:		Aggregate Depth: Z inches above pipe inches total				
WATER LINES (INCLUDING IRRIGATION) MUST B	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIFI D ARFA					
** 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:	lat, or the intended use changes. The Construction Authorization shall not	Date:				
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization 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 Disposal and to the condit	ions of this permit. SEE ATTACHED SITE SKETCH				
	5 N. 15-					
Authorized State Agent:	Date:					
	Construction Authorization Expiration D	late: 4-13-71				

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LITE#	11-5	- 18-	256R
TILTT .	10	000	-101

Harnett County Department of Public Health Site Sketch

	1/ 11 211 12	PROPERTY LOCATON	: 8K/365 811 BVIE	35 Creek RD	
ISSUED TO: _	Ketth Bullock Bus	eldeus SUBDIVISION	SANDy Grove	L0	T# 8-1)
Authorized Sta	ate Agent:	Manhant	Date:	4-13-16	

