HTE# 16-5-38858

## Harnett County Department of Public Health

28887

Improvement Permit

A building perint ca	PROPERTY LOCATION: So 1705 OLD For a care to DAS	
ISSUED TO: Randall Dunham	PROPERTY LOCATION: So 1705 0113 Fairgrandes  SUBDIVISION LOGAL LANGE	20
NEW ☑ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SPA	5.00 mportanena 104m00 provinci constituti in anti-	
Proposed Wastewater System Type: 25% REDUCTOD System	<u> </u>	
Projected Daily Flow: 360 GPD	_	
	max	
Basement Yes No		
	location and elevations of facilities	
	ance from well feet Permit valid for: 🗹 Five year	rs
Permit conditions:	□ No expir	ation
4 / / / /	449	
Authorized State Agent:	Date: 6-22-14 SEE ATTACHED SITE SKET	CH
	ther permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requir	
	ent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the	
Cones	twiction Authorization	
	truction Authorization	
	Required for Building Permit) 57, 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in	
the construction and installation requirements of Kules .1950, .1952, .1954, .1953, .1950, .195 with the attached system layout.	17, 1756. and 1757 are incorporated by references into this permit and shall be met. Systems shall be instaned in	accordance
ISSUED TO: Randell Dunham	PROPERTY LOCATION: SALTOSOID Fain grown & Communication Subdivision Communication Lot #	<u>Z</u> (2)
Facility Type:	Expansion Repair	
7 /1		
	₩ No	CDD
	System (Initial) Wastewater Flow: 360	GPV
(See note below, if applicable $\square$ )		
25% RADVICTOR		
	nches Z	
	of each trench 120 feet Trench Spacing: Feet on Cente	r
Pump Tank Size gallons Trenches shall	be installed on contour at a Soil Cover: inches	
Maximum Tren	ch Depth of: 24 inches (Maximum soil cover shall not exceed	
(Trench bottom	ns shall be level to $\pm /-1/4$ " 36" above the trench bottom)	
in all direction	(zı	
Pump Requirements:ft. TDH vs GPM		oelow pipe
		above pipe
Conditions:	15	nches total
conditions.		iches 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 AR		
**If applicable: I understand the system type specified is different from	n the type specified on the application. I accept the specifications of this permit.	
Owner/Legal Representative Signature:	Date:	
	ise changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site.	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules f	30 NOV	SKEICH
Authorized State Agents Manual	On fall 12645 Date: 6-22-14	
Cor	Date: 6-22-16  Instruction Authorization Expiration Date: 6-22-7	

## Harnett County Department of Public Health Site Sketch

	_ ^ /	. ,	PROPERTY LOCATON:	8×1705 011	Fairsnow	wel ri	>
ISSUED TO: _	12andel	Dunham	SUBDIVISION _	Leigh LA	rel nel	LOT # _	20
		4		9/			
Authorized Sta	ate Agent:	nes E	1 (Anha	Date:	6-22-1	6	

