HTE# 16-539 187

Harnett County Department of Public realth

28930

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: PSKINS KD	
	ILLACE LOT # 30
NEW REPAIR EXPANSION Site Improvements requ	ired prior to Construction Authorization Issuance:
Type of Structure: 350(45 × 67)	
Proposed Wastewater System Type: 25% DEOUGION SYSTEM	
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants: max	
Basement Yes No	
Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities	\ .
Type of Water Supply: Community Public Well Distance from well 100 feet	Permit valid for: Five years
Permit conditions:	No expiration
11/10/2 0 200	
Authorized State Agent:: Date: 7 20 16	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 check 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 owners!	ing with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	inp of the site. This period is subject to compliance with the provisions of
Construction Authorization	
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 the construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958.	to this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
ISSUED TO: NOVAL ORGS Bros. Gol. PROPERTY LOCATION: ATK	INS RO
SUBDIVISION PXXXXX	
	VILLE 101 # 30
Basement? Yes No Basement Fixtures? Yes No	1180
Type of Wastewater System** 05 0 REDUCTION SYSTEM	_ (Initial) Wastewater Flow: GPD
(See note below, if applicable □)	
PANEL BLOCK (Repair)	
Installation Requirements/Conditions Number of trenches	6
Septic Tank Size 1000 gallons Exact length of each trench 95 feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Soil Cover: \ \ \ \ inches
Maximum Trench Depth of: 2 \ inches	(Maximum soil cover shall not exceed
(Trench bottoms shall be level to +/-1/4"	A STATE OF THE PROPERTY OF THE
· ·	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
0 0 0 0	Aggregate Depth: inches above pipe
Conditions: Permit Bases On Poropos az From Replicans	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR RE	PAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	I AIN ANEA.
**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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent:	
Authorized State Agent: Date: 72016 Construction Authorization Expiration Date: 72011	
Panetruction Authorization Evaluation Date	n: 120101

