HTE#16-5-39279

Harnett County Department of Public Health

29029

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: OLD US421
ISSUED TO: PRUZ LYON SUBDIVISION MANIE BEZL RIDGE LOT # 46
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SED (62×55)
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: STO (62×55) Proposed Wastewater System Type: PUMET & DS% REDUCTION SYSTEM
Projected Daily Flow: GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement \Box Yes No
Pump Required: 🛛 Yes 🛛 🗆 No 🔅 🖓 May be required based on final location and elevations of facilities
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well <u>100</u> feet Permit valid for: 💢 Five years
Permit conditions:
11 B
Authorized State Agent: Date: 91 2216 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 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.

ISSUED TO: PAUL LYON		0 (542)
	SUBDIVISION MAMIE	BELL RIDGE LOT # 46
Facility Type: 570(62-55)	SUBDIVISION MAMIE _ KNew DExpansion D Repair ures? DYes KNO 25% REDUCTION SYDTEM	
Basement? 🗆 Yes 🛛 No 🖉 Basement Fixtu	ures? 🗆 Yes 🚬 🛛 No	
Type of Wastewater System** Pume To	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable)	a 25% RGD, 5+5. (Repair)	
Installation Requirements/Conditions	Number of trenches	<u>_</u>
Septic Tank Size 1000 gallons	Exact length of each trench 180 feet	Trench Spacing: Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: $18 \cdot 24$ 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:		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. T	e 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 Tree	atment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 9)22)26 Authorization Expiration Date: 9)22(2)

