## HTE# 165-3935577 Harnett County Department of Public Health

29097

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: 5x 17 05 01D Fair green a  LISTHED TO: 1 TANKS D. SUPPLY LOCATION: 5x 17 05 01D Fair green a			
ISSUED TO: JAMES JACKSON	PROPERTY LOCATION:	05 OID Paux	greena
NEW REPAIR BEXPANSION B		required prior to Construction Authori	LOI #
Type of Structure: 64 5 65	Site improvements	required prior to construction Authori	zation issuance.
Proposed Wastewater System Type: 25% Reduction			
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occupants:	max		
Basement 🗆 Yes 🗷 No			
Pump Required: ☐Yes ☐ No ☐ May be required based on final	location and elevations of facilities		
Type of Water Supply:  Community Public Well Dist Permit conditions:	ance from well feet	Permit valid for:	☐ Five years ☐ No expiration
<u> </u>	to 0248		
Authorized State Agent: Anna Manhar	Date: 11-2	VIG SEE ATTA	CUED CITE CVETCU
Authorized State Agent:  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 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			
<u>(R</u>	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1956 with the attached system layout.	77, .1958. and .1959 are incorporated by referen	ces into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: James JACKSON PROPERTY LOCATION: 30 1705 U:D FOR PROPERTY LOCATION: 50 1705			
Facility Type: Fx SFD New	Expansion Repa	:	L01 #
Facility Type: New Expansion Repair  Basement? Yes No Basement Fixtures? Yes No C			
Type of Wastewater System** 25% PSW Co W Syst Accept Finited Wastewater Flow: 486 GPD			
(See note below, if applicable $\square$ )			
25% Parury	Sept 12 (Repair)		
Installation Requirements/Conditions Number of tree			
	each trench 80 feet	Trench Spacing:	Feet on Center
	be installed on contour at a	Soil Cover: ii	
	th Depth of: 22->18 inche		
	s shall be level to +/-1/4"	36" above the trench botto	
in all directions		Jo above the trench botto	nii)
Pump Requirements:ft. TDH vs GPM	"/	6	inches below pipe
ta ibii is di ii		Aggregate Depth:	inches above pipe
Conditions:		Aggregate Deptil.	inches total
			miches total
WATER LINES (INCLUDING IRRIGATION) MUST BE JOET EDOM	ANV DADT OF CEDTIC CYCTEM O	DEDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A		K KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	tA.		
**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:	
inis Construction Authorization is subject to revocation if 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			
L 20015			
Authorized State Agent: Date: 11-21-16			
Construction Authorization Expiration Date:			

HTE#16-5-39355R

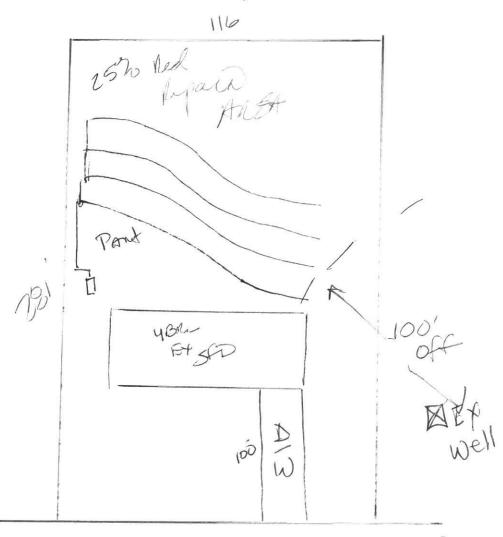
Permit # 27077

## Harnett County Department of Public Health Site Sketch

ISSUED TO: JAMES JACKSON PROPERTY LOCATON: 501705013 Feering PRD

SUBDIVISION LOT #

Authorized State Agent: Date: 11-21-16



S& 1705 OID FAIRGROVNE.