HTE# 16-5-39629

Harnett County Department of Public Health

29025

Improvement Permit

A	building permit cannot be issued with			
C 0 14	PROPERTY LOCA	TION: Scupp	ESHONE FN	50
ISSUED TO: GART ROBINSON HOR				
NEW REPAIR DEXPANSION	↓ □	Site Improvements req	uired prior to Construction Author	ization Issuance:
Type of Structure: SFO (43×37)		-		
Proposed Wastewater System Type: 25% REDU	105.10N SYSTEM			
Projected Daily Flow: 476 GPD				
Number of bedrooms: 4 Number of Occupa	ants: 8 max			
Basement Yes No	Consider All Co.			
	red based on final location and eleva	tions of facilities		
Type of Water Supply: Community Public			Permit valid for:	Five years
Permit conditions:				☐ No expiration
	77.55			
	350 000 000 000 000 000 000 000 000 000			
Authorized State Agent::	REHS Date:	9/21/16	SEE ATI	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the ssuance 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 ch				
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit			
	Construction Au	thorization		
	A CONTRACTOR OF THE CONTRACTOR			
a con solution in material statement to the contract of the co	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
KULED TO. GARY ROBINSON HO	NES LLC PROPERTY	INCATION: SCI	188 GRAIGHIG LN	
ISSUED TO: GARY ROBINSON HONES LLC PROPERTY LOCATION: SCUPPERNONE LA SUBDIVISION PLANTATION Q VINEYARD GREEN LOT # 79				
Facility Type: SEO (43^237)	20Phiaigic		NO MUCHAD GOOD	<u>-N</u> LUI #
		sion 🗌 Repair		
Basement? Yes No Basement Fixtu				. 545
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD				
(See note below, if applicable □)				
25%	RED. SYS	_(Repair)		
Installation Requirements/Conditions	Number of trenches	_(_ /		
Septic Tank Size 1000 gallons	Exact length of each trench 3	seet feet	Trench Spacing:	Feet on Center
Pump Tank Size \(\tau \co	Trenches shall be installed on co			inches
	Maximum Trench Depth of: 18		(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	0 +/-1/4"	36" above the trench bot	tom)
	in all directions)			
Pump Requirements:ft. TDH vs				inches below pipe
	·		Aggregate Depth:	
Conditions:			Aggregate beptil.	inches total
Conditions.		185555 1857		Inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF S	EPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
**If applicable: / understand the system type specified	is different from the type specifie	ed on the application.	I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: Date: This 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				
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.				
	1	1 . Type (1997)		The second secon
Authorized State Agent: REHS Date: 9/20/16				
Mathorized State Agents.				
Construction Authorization Expiration Date: 92121				

Permit # 21025

Harnett County Department of Public Health Site Sketch



