HTE# 16-5-39663

Harnett County Department of Public Health

29062

Improvement Permit

A building peri	PROPERTY LOCATION: 21853 /		
ISSUED TO: PAUTOL L JACKSON J.	SUBDIVISION	LOT #	
NEW ☑ REPAIR □ EXPANSION □	THE CONTROL OF THE CO	ired prior to Construction Authorization Issuance:	
Type of Structure:		provide construction rathorization issuance.	
Proposed Wastewater System Type: 25% now			
Projected Daily Flow: GPD			
Number of bedrooms: Number of Occupants:	<u>max</u>		
Basement Yes No			
Pump Required: ☐Yes ☐ No ☑ May be required based on	final location and elevations of facilities		
	Distance from well feet	Permit valid for: Five years	
Permit conditions:		No expiration	
d 21	1- OCAS	39.5	
Authorized State Agent:	Date: 5-28-1	6 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	ing with appropriate governing hodies in meeting their requirements. This	
site is subject to revocation of the site plan, plat, or the intended use changes. The Impi	ovement Permit shall not be affected by a change in owners!	nip 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.			
<u>Lo</u>	nstruction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956 with the attached system layout.	5, .1957, .1958. and .1959 are incorporated by references int	o this permit and shall be met. Systems shall be installed in accordance	
ISSUED TO: DANTO CJACKSON TR	PROPERTY LOCATION: 50483	3 Marw RD	
- · · · · - · · · · · · · · · · · · · ·		LOT #	
Facility Type:	New Expansion Repair		
Basement? Yes No Basement Fixtures? Y	2 2	_	
Type of Wastewater System** Tungto 25	he Med	_ (Initial) Wastewater Flow: GPD	
(See note below, if applicable □)	- 11		
1-D40 00-5	C Repair)		
Installation Requirements/Conditions Number of	trenches	Q	
Septic Tank Size 1000 gallons Exact leng Pump Tank Size 1000 gallons Trenches si	th of each trench 100 feet	Trench Spacing: Feet on Center	
Pump Tank Size / O gallons Trenches s		Soil Cover: inches	
Maximum 1	Trench Depth of: ₩303/8° inches	(Maximum soil cover shall not exceed	
(Trench bo	ttoms shall be level to +/-1/4"	36" above the trench bottom)	
in all direc	ctions)	^	
Pump Requirements:ft. TDH vs GPM		inches below pipe	
		Aggregate Depth: inches above pipe	
Conditions:		inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FR	OM ANY PART OF SEPTIC SYSTEM OR RE	PAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD	ΔRFA	All Citabrie	
**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:	71	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. SEE ATTACHED SITE SKETCH			
and the Laws and Russian Authorization is subject to compliance with the provisions of the Laws and Russian Authorization is subject to compliance with the provisions of the Laws and Russian Authorization is subject to compliance.	ies for sewage freatment and Disposal and to the conditions	of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: 5 Ma	Date:	9-28-16	
	Construction Authorization Expiration Date		

Harnett County Department of Public Health Site Sketch

ISSUED TO: DAVID LIACUS EN SUBDIVISION	MANNRO		
ISSUED TO: DAVID LIACKS ED SUBDIVISION	LOT #		
Authorized State Agent: Da	te: <u>9-28-16</u>		
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Home And Prys may be NOT	NEGDED,		

