HTE# <u>16-5-39688</u> Harnett County Department of Publ	ic Health 29030
Improvement Permit	
A building permit cannot be issued with only an Improvement	Permit
PROPERTY LOCATION: BRUCE	JOHNSON KD
ISSUED TO: GARY ROBINSON HOMES SUBDIVISION JOHNSON	
NEW REPAIR EXPANSION Site Improvements requ	ired prior to Construction Authorization Issuance:
Type of Structure: SED(43×40)	
Proposed Wastewater System Type: 25% REDUCTION STATEM	
Projected Daily Flow: GPD GPD Mumber of bedrooms: Number of Occupants: max	
Number of bedrooms: Number of Occupants: max Basement Yes No	
Pump Required: I Yes No I May be required based on final location and elevations of facilities	· · · · · · · · · · · · · · · · · · ·
Type of Water Supply: \Box Community \checkmark Public \Box Well Distance from well $_1 \odot \bigcirc$ feet	Permit valid for: Five years
Permit conditions:	\square No expiration
1 hell fill	
Authorized State Agent::	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 chec	king 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 owner	ship 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 in with the attached system layout.	nto this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: GARY ROBINSON HOMES PROPERTY LOCATION: Br	, Frans LOT # 22
Facility Type: 580 (43'x40) X New Expansion Repair	LUI # dd
Basement? I Yes X No Basement Fixtures? I Yes KNo	3(8)
Basement? [] Yes X No Basement Fixtures? [] Yes KNo Type of Wastewater System** _25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
25% RED. SYS, (Repair)	
	0
Septic Tank Size <u>1000</u> gallons Exact length of each trench <u>300</u> feet	Trench Spacing: Soil Cover: G inches
Pump Tank Size gallons Trenches shall be installed on contour at a	Soil Cover: 6 inches
Maximum Trench Depth of: 18 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 R NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	EPAIR 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:

0 1 0 <u></u>		
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization	on shall not be transferred wh	en 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 t	to the conditions of this perm	it. SEE ATTACHED SITE SKETCH
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Authorized State Agent: RECHS	Date: 9	23 16

Authorized State Agent: _	Aut	horized	State	Agent:	
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Construction	Authorization	Expiration	Date:
		my control of the	

9/23/21

