## HTE# 16-5-40472 Harnett County Department of Public Health

29164

**Improvement Permit** 

	it cannot be issued with only an Improvement			
ISSUED TO S MARK Properfies  NEW M REPAIR D EXPANSION D	PROPERTY LOCATION: SP 2005	Bridens (1 /a)		
NEW ✓ REPAIR □ EXPANSION □	SUBDIVISION COHIESOTO	0 BST LOT # 29		
NEW ✓ REPAIR ☐ EXPANSION ☐  Type of Structure: S F	Site Improvements re	quired prior to Construction Authorization Issuance:		
Proposed Wastewater System Type: 25 % R&DU LOZAL				
Projected Daily Flow: 3 40 GPD				
Number of bedrooms: 3 Number of Occupants: $\checkmark$		· · · · · · · · · · · · · · · · · · ·		
Basement $\square$ Yes $\square$ No	max			
	final location and elevations of facilities			
Type of Water Supply:   Community Public Well		Permit valid for: Five years		
Permit conditions:	Distance from wen feet	No expiration		
		IN Expiration		
211	IN TICHS			
Authorized State Agent: James / Nanhar	Date: 1-18-1	7 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 che	cking 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 Impro	vement Permit shall not be affected by a change in own	rship 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.				
		-		
Col	nstruction Authorization			
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956,		into this permit and shall be met. Systems shall be installed in accordance		
with the attached system layout.				
ISSUED TO: SMARK Properties  Facility Type: SFD V	DRODERTY LOCATION.	200 = 37:1/12 7/ 2 A		
1330ED TO. 37 MYCK / MOJECTRES	PROPERTY LOCATION: 820	65 Duchen (101)		
56	20RDIAISION COHIESTON	E 25T LOI # 27		
Facility Type:	New L Expansion L Repair			
Basement! \( \square\) Yes \( \square\) No \( \text{Basement Fixtures!} \( \square\) Ye	s 🗹 No			
Type of Wastewater System** 25% 17EDUCTO)	JystBm	(Initial) Wastewater Flow: 360 GPD		
(See note below, if applicable   )	1			
Installation Requirements/Conditions Number of	1285 (Repair)			
installation requirements/conditions number of	trenches			
Septic Tank Size 1000 gallons Exact lengt	h of each trench 50 feet	Trench Spacing: Feet on Center		
	all be installed on contour at a	Soil Cover: 6 inches		
	rench Depth of: $30 \rightarrow 18$ inches	(Maximum soil cover shall not exceed		
	toms shall be level to +/-1/4"	36" above the trench bottom)		
	tions)	30 above the trench bottom)		
Pump Requirements:ft. TDH vs GPM	ions)	/ instruction		
rump requirementsit. 1DH vs GFF1		Aggregate Depth: inches below pipe		
f II:4:		Aggregate Depth: inches above pipe		
Conditions:		inches total		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	IM ANY PART OF SEPTIC SYSTEM OR F	EPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD				
**I6 IIblack and one of the second sec				
**If applicable: I understand the system type specified is different if	rom the type specified on the application.	I accept the specifications of this permit.		
O/II B				
Owner/Legal Representative Signature:		Date:		
Owner/Legal Representative Signature:  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				
construction Authorization is subject to compliance with the provisions of the Laws and Rul	es for sewage treatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SITE SKETCH		
5.11	-kw			
Authorized State Agent & Manha	Date:	1-16-17		
	Construction Authorization Expiration D	ate: /-19-77		

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATONIX 2005 Bricknill RD				
ISSUED TO: 5 MARK 3 reputies	SUBDIVISION		LOT # <u>29</u>		
Authorized State Agent: James & Mari	hanf III REUS	Date:	1-18-17		

