HTE#	17	-5	-40	767	
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## Harnett County Department of Public Health

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Im	UI	111	V C.					~	

	mprovement remmt	
	A building permit cannot be issued with only an Improvement	nt Permit
Hall C.	PROPERTY LOCATION: DOCS	
ISSUED TO: H+H CONSTRUCTO		LOT # 18 )
	SION 🗆 Site Improvements r	equired prior to Construction Authorization Issuance:
Type of Structure: SFO (42×53)		
Proposed Wastewater System Type: 25% P	EDUCTION 2155 GM	
Projected Daily Flow: 480 GPD	0	
Number of bedrooms: Number of Oc	cupants: <u>8</u> max	
Basement 🗆 Yes 📐 No		
Pump Required: 🗆 Yes 🖉 No 🗆 May be re	quired based on final location and elevations of facilities	
	□ Well Distance from well <u>100</u> feet	Permit valid for: Five years
Permit conditions:		No expiration
311 31		
Authorized State Agent::	REHS Date: 4 11 17	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua	rantees the issuance of other permits. The permit holder is responsible for cl	ecking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condi	e changes. The Improvement Permit shall not be affected by a change in own	hership of the site. This permit is subject to compliance with the provisions of
the carrs and rules for semage treatment and bisposal and to condi-	ions 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	into this permit and shall be met Systems shall be installed in accordance
with the attached system layout.	· · · · · · · · · · · · · · · · · · ·	and and permit and man be met systems shan be instaned in accordance
ICCURD TO H+H CONSTOLLE		D
ISSUED 10:	ORS PROPERTY LOCATION:	ocs Ko
Facility Type: 580(45×53)	SUBDIVISION _ UAKMO	LOT # 18)
Facility Type: 500517551	📉 New 🛛 Expansion 🛛 Repair	
Basement? 🗆 Yes 🔍 No Basement F	ixtures? 🗆 Yes 🛛 🔀 Ng	
Type of Wastewater System**	Intures? □ Yes Intur	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable [1])		
25%	RGD, SYS (Repair)	
Installation Requirements/Conditions	Number of trenches _3	
Septic Tank Size <u>2000</u> gallons	Exact length of each trench 100 feet	Instant 9
Pump Tank Size gallons	The second s	Trench Spacing: Feet on Center
rump rank size ganons	Trenches shall be installed on contour at a	Soil Cover: <u> </u>
	Maximum Trench Depth of: <u>18</u> inches	(Maximum soil cover shall not exceed
		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
WATED LINES (INCLUDING IDDICATION) MUST		
WATER LINES (INCLUDING IKKIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	KEPAIK AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.	

**If applicable: I understand the system type specified is different from the type specified on the a	application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorizati	ion 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
Authorized State Agent:	2 1

