HTE# 17-5-40798

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
WILL TO HAM OF THE OF T	PROPERTY LOCATION: DOCS	KD .	100
DEDITION OF THE PROPERTY OF TH	SUBDIVISION OBXMONT		LOT # <u>182</u>
ISSUED TO: H+h GOSCOCO SUBDIVISION DEXMONT LOT # 182 NEW X REPAIR (36.62) Type of Structure: SCO (36.62)			
Proposed Westewater System Type 2.5%			
Proposed Wastewater System Type: 25% Dog GPD	10010× ->>5001		
Number of hadrones August as a Court			
Number of bedrooms: Number of Occup	ants: max		
Basement □Yes No □ May be requi	and based on Cold based and almost a Cold Cold		
Pump Required: □Yes □ No □ May be requi Type of Water Supply: □ Community □ Public	red based on final location and elevations of facilities	D	V
Permit conditions:	Well distance from well leet	Permit valid for:	Five years
Termit conditions.			☐ No expiration
		19 1818/01 2008 2	
Authorized State Agent::	RGHS Date: 4 10 17	SEE ATTA	ACHED SITE SKETCH
	tees the issuance of other permits. The permit holder is responsible for che		
site is subject to revocation if the site plan, plat, or the intended use ch	hanges. The Improvement Permit shall not be affected by a change in owner	ership 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	s of this permit.		

	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 19	754, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall he met Systems	shall be installed in accordance
with the attached system layout.	on, most and most and one of the control of the con	into this perime and shari be met. Systems	shall be histaned in accordance
ICCURD TO: H+H CONSTOLLOS	PROPERTY LOCATION: 0	cs Ro	
1330ED 10.	SUBDIVISION OR MON	7	LOT # 182
Facility Type: 350 (36767)	SUBDIVISION OREMON	11	LUI # 100L
racility Type:	New Expansion Repair		
Basement? Yes No Basement Fixt	Wres? Tes KNO STSTEM		1.00
	ures? Yes XNO S757Em	(Initial) Wastewater Flow: _	GPD GPD
(See note below, if applicable \square)	0 6		
25%	REO. SYS. (Repair)		
Installation Requirements/Conditions	Number of trenches	9	
Septic Tank Size 6000 gallons	Exact length of each trench 215 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a		nches
	Maximum Trench Depth of: inches	(Maximum soil cover shall n	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	
		30 above the trench botto	oiii)
Duma Paguinamanto (6 TDII	in all directions)		2-11-1
Pump Requirements:ft. TDH vs	_ Grm	I consider the second s	inches below pipe
		Aggregate Depth:	
Conditions:			inches total
	3-100-00-00-00-00-00-00-00-00-00-00-00-00		
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			
The state of the s		Waster to the same of the same	Market 20
**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:	
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			
Authorized State Assets	2.00	1.1.1.7.	
Authorized State Agent: Date: 4) 11 27			
Construction Authorization Expiration Date: 14/11/22			

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: DOCS RD
SUBDIVISION DAKMONT CUNSTAUCT ORS TOT # 185 REAS (GLIVEZ TOLKSDORD) Date: 4/11/17 Authorized State Agent: 134 276 HOUSE

HEATHGZ NOOD

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