Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit Grava CD. PROPERTY LOCATION: HILLMON GRAVA CD. | | |
|---|--|---|
| ISSUED TO: BRANDON & HANNAY | PROPERTY LOCATION: F172LM | H1225 LOT # 2B |
| NEW REPAIR □ EXPANSION | Gita Improvements renu | uired prior to Construction Authorization Issuance: |
| Tune of Charactures SEO (45 X5) | 500000 0000 M 000000 000000 00000 000000 000000 | area prior to construction Authorization issuance. |
| Proposed Wastewater System Type: 25% RED | 100,000 Brother | |
| Projected Daily Flow: GPD GPD | | |
| Number of bedrooms: Number of Occupant | ts: 8 max | |
| Basement □Yes □No | | |
| Pump Required: ☐Yes ☐No ☐ May be required | based on final location and elevations of facilities | |
| Type of Water Supply: Community Public Permit conditions: | Well Distance from well feet | Permit valid for: Five years — No expiration |
| the man | | |
| | REHS Date: 3 27/17 | CET ATTACHED CITE CUTTON |
| Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantee: | | SEE ATTACHED SITE SKETCH |
| | | sking with appropriate governing bodies in meeting their requirements. This reship 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 | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | Construction Authorization | |
| | (Required for Building Permit) | |
| The construction and installation requirements of Rules .1950, .1952, .1954 | | into this permit and shall be met. Systems shall be installed in accordance |
| with the attached system layout. | | |
| ISSUED TO: BRANDON, HANNAH SO | PROPERTY LOCATION: H) EL | man Grave Ro |
| 130ED 10 | CURDIVICION HOLES CO | : H) = = 101 # 213 |
| Facility Type: 550 (45752) | SUBDIVISION Descir | LUI # 242 |
| Parament Vac No Parament Firsture | _ Kepair | |
| Basement? Yes No Basement Fixtur | GOVETION SYSTEM | 11:50 W 51 1286 CDD |
| | BOVERION CYSTEM | (Initial) Wastewater Flow: GPD |
| (See note below, if applicable □) | (Repair) | |
| | Number of trenches 3 | |
| | number of tremenes | 9 |
| | Exact length of each trench 80 feet | Trench Spacing: 9 Feet on Center Soil Cover: 6 18 inches |
| | Trenches shall be installed on contour at a | |
| | Maximum Trench Depth of: 1830 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 |
| | | |
| WATER LINES (INCLUDING IRRIGATION) MUST BE | 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F | REPAIR AREA. |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR. | | |
| | | |
| **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: | | |
| 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 | | |
| The Item | | 2) |
| Authorized State Agent: Date: 3 27 17 | | |
| Construction Authorization Expiration Date: 3/27 22 | | |

Harnett County Department of Public Health Site Sketch

