HTE# 17-5-41135

Harnett County Department of Public Health

Improvement Permit

A building permit can	nnot be issued with only an Improvement Pern	nit	1
	PROPERTY LOCATION: 3001 Belly	Bridge Rd (Sn	(1Z11)
ISSUED TO: Brad D. Commings	SUBDIVISION	8	LOT #
NEW 🖼 REPAIR 🗆 EXPANSION 🗆	Site Improvements required	prior to Construction Authori	zation Issuance:
Type of Structure: HBR SFD (73'×67')		0	
Proposed Wastewater System Type: 25% Reduction 545.			
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occupants:	_max		
Basement 🛛 Yes 🕞 No			
Pump Required: 🗆 Yes 🛛 No 🖾 May be required based on final			-
Type of Water Supply: 🗆 Community 🗆 Public 🕞 Well Dista	nce from well $(200 +)$ feet	Permit valid for:	Five years
Permit conditions:			No expiration
A State of the second second	Edt n. 1417-11-21-	7	CUED CITE CHETCH

Authorized State Agent: <u>U</u> The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking 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 ownership 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 into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Brand D. CO	mmings	PROPERTY LOCATION	300.	1 Bella Boid	life Rd.	(SR 121)	
	0	SUBDIVISION		0	1	LOT #	
Facility Type: 4BR SFS (73	(x67) E New	Expansion] Repair				
Basement? 🗌 Yes 🖃 No Ba	sement Fixtures? 🔲 Yes	□ No					
Type of Wastewater System** _ ZSTO Reduction System (Initial) Wastewater Flow: 480 GPD							
(See note below, if applicable)		2					
25%	reduction sz.	sten (Repair)					
Installation Requirements/Conditions	Number of tren	ches <u>Z</u>					
Septic Tank Size 1250 gallons	Exact length of	each trench 150	feet	Trench Spacing:	9 Fee	t on Center	
Pump Tank Size gallons	Trenches shall b	Trenches shall be installed on contour at a Soil Cover: 8 inches			S		
	Maximum Trenc	h Depth of: 20	inches	(Maximum soil cov	ver shall not e	xceed	
	(Trench bottoms	shall be level to $+/-1/4$ "		36" above the tr	ench bottom)		
	in all directions)					
Pump Requirements:ft. TDH	vs GPM			_	6	_ inches below pipe	
				Aggregate Depth:	2	inches above pipe	
Conditions:				1151897 1280 53	12	inches total	

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR 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 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	nd to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Construction Authorization E	Date: 04/27/2017 Expiration Date: 04/27/2022				

