29661

HTE#17-5-41423

Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvemen			
ISSUED TO: DAXOTA LAND PAZ	PROPERTY LOCATION: OLD US			
		BELL RIDGE LOT# ~		
NEW REPAIR EXPANSION Type of Structure: SPO (SO > SO)	N L Site Improvements re	quired prior to Construction Authorization Issuance:		
Proposed Wastewater System Type: 25% Resu	CIRCI STECK			
Projected Daily Flow: GPD	<u> </u>			
Number of bedrooms: \(\text{\rm Number of Occup}\)	ants: S max	**************************************		
Basement □Yes ⋈ No	andmax			
2 -	red based on final location and elevations of facilities			
Type of Water Supply: Community Public	Well Distance from well feet	Permit valid for: Five years		
Permit conditions:	- Well Distance from Well teet	No expiration		
Authorized State Agent::	06HS Date: 63017	SEE ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in meeting their requirements. This		
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement Permit shall not be affected by a change in own	ership of the site. This permit is subject to compliance with the provisions of		
the cars and notes for seriage freatment and bisposal and to condition:	or this permit.			
-	C			
	Construction Authorization			
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .19	54, .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: DAKOTA LAND PART	NG2S LIC PROPERTY LOCATION COL	o US421		
	SUBDIVISION MAMIE			
Facility Type: SEO (SO ~SO)	New □ Expansion □ Repair	DEZ 101960 LUI #		
	New Expansion Nepair			
Basement? Yes No Basement Fixth		4		
	DOCU 101/ 375/EVI	(Initial) Wastewater Flow: GPD		
(See note below, if applicable □)	RED. Sys. (Repair)			
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size 1000 gallons	Exact length of each trench 100 feet	Trench Spacing: Feet on Center		
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6-3024 inches		
	Maximum Trench Depth of: 18-36 inches	(Maximum soil cover shall not exceed		
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)		
	in all directions)	or all the states of the state		
Pump Requirements:ft. TDH vs		inches below pipe		
- amp requirements:	_ 3111	Aggregate Depth: inches above pipe		
Conditions:		Aggregate Deptil inches above pipe		
conditions.		inches total		
WATER LINES THE CONTROL OF THE CONTR				
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	RAIN FIELD AREA.			
**If applicable: I understand the system type specified	is different from the type specified on the application	I account the energifications of this name		
11 applicable. I understand the system type specified	is unterent from the type specified on the application	. I accept the specifications of this permit.		
Owner/Legal Representative Signature:				
Owner/Legal Representative Signature:				
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				
		chalso		
Authorized State Agent: Date: 630 77				
Authorized State Agent: Date: 630 77 Construction Authorization Expiration Date: 630 20				

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Harnett County Department of Public Health Site Sketch



