HTE#17-5.41430

Ha tt County Department of Public nealth

29663

Improvement Permit

	A building permit cannot be issued with only an Im	provement Permit	
ISSUED TO: DAXOTA LAND P	PROPERTY LOCATION:	LO 05421	
HEM YOU	SUBDIVISION MAM	E BELL RIOGE	LOT # 96
NEW REPAIR DEXPAN	Site Improve	ments required prior to Construction Auth	norization Issuance:
			issuance.
Proposed Wastewater System Type: 25% Ro Projected Daily Flow: 480 GPD	SDUCTION DY FEW		
	c 7		
Basement Yes No	cupants:max		
Type of Water Cumby:	quired based on final location and elevations of facility	ies	525
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well	feet Permit valid for:	Five years
Constitution .			☐ No expiration
Authorized State Agent::	19675 Date: 6 30		
The issuance of this permit by the Health Department in no way mus		JLL AI	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condit	changes. The Improvement Permits shall not be affected by a shall	ble for checking with appropriate governing bodies i	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditi	ons of this permit.	ge in ownership of the site. This permit is subject to	compliance with the provisions of
	Construction Authorization		
	Construction Authorization	<u>on</u>	
The construction and installation requirement of 8 d. 1900, 1902	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by r	references into this permit and shall be met. System	s shall be installed in accordance
		*	
ISSUED TO: DAKOTA LAND PAG	TNE25 PROPERTY LOCATION:	Ono US42)	
		WE BELL RIDGE	C. C
Facility Type: SFD (40' ×50')			
Basement? Yes No Rasement Fix	tures? \ Vec \ \	Repair	
Type of Wastewater System** 25%) CONTION OF THE		1
Basement? Yes No Basement Fix Type of Wastewater System** S% (See note below, if applicable)	Jennellah 2321EW	(Initial) Wastewater Flow:	480 GPD
1 = 1/4	0 0		
Installation Requirements/Condition	(Repair)		
Installation Requirements/Conditions	Number of trenches1		
Septic Tank Size 1000 gallons	Exact length of each trench HOO	eet Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	0 0	nches
	Maximum Trench Depth of: 18 - in		
	(Trench bottoms shall be level to +/-1/4"		ot exceed
	in all directions)	36" above the trench botto	im)
Pump Requirements:ft. TDH vs	GPM		
	_ 4111		inches below pipe
Conditions:		Aggregate Depth:	inches above pipe
			inches total
WATER LINES (MISHIPME)			
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM	OR REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD ARFA	ON REPAIR AREA.	
**If applicable: I understand the system type specified	is different from the type specified on the applica-	ation. I accept the specifications of the	is permit.
Owner/Legal Representative Signature:		Date:	
Construction Authorization is subject to revocation if the site plan, plants of the site	it, or the intended use changes. The Construction Authorization shall	not be transferred when there is a change in own	ership of the site. This
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 proxisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH			
		1	THE STATE OF THE S
Authorized State Agent:	PENS Da	ite: 6 30)7	
	Construction Authorization Expiration	n Date: Classical and	_
	CONSCIPENCION AUGIOFIZATION EXPIRATION	III Nate: 6/3/1/77	1

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: OLO USH21

PROPERTY LOCATON: OLO USH21

Authorized State Agent: PROPERTY LOCATON: OLO USH21

Authorized State Agent: Date: C|30|17

