HTE# 17-5-41775

## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: Creaces Cirures Ro	
ISSUED TO: ANTHINY STEMBER SUBDIVISION - LOT # D-5	5
NEW REPAIR - EYPANSION - Site Improvements required prior to Construction Authorization Issuance:	T
Type of Structure: SED(34×57)	
Proposed Wastewater System Type: 25% PEOUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
	_
Number of bedrooms: Number of Occupants: Smax	
With Control and the Control and Control a	+
Pump Required: ☐Yes ☐ May be required 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: No expiration	
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	_
Authorized State Agent:: Date: 7 19 37 SEE ATTACHED SITE SKETCH	
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. T	
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 accordan	ce
with the attached system layout.	
ICCHED TO. ANTHONY STEWARD DOUDEDTY LOCATION. CHARGE CALLOCARD	
ISSUED TO: ANTHONY STEMBER PROPERTY LOCATION: CYPRES CHURCH ROSS SUBDIVISION LOT # D-S	_
SUBDIVISION LOT # O-S	_
Facility Type: SED (3475) New Expansion Repair	
Basement?  Yes No Basement Fixtures?  Yes No	
Type of Wastewater System** 25% PGDVGKION SYSTEM (Initial) Wastewater Flow: 366 GPD	
(See note below, if applicable ) 25% Rep. 5%. (Repair)	
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size \(\frac{1000}{2000}\) gallons Exact length of each trench \(\frac{100}{200}\) feet Trench Spacing: \(\frac{9}{2000}\) Feet on Center	
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches	
The state of the s	
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)	
in all directions)	
Pump Requirements: ft. TDH vs GPM inches below p	ipe
Aggregate Depth: inches above	
	0
Conditions: inches to	Ital
	-
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.	
NO UTILITIES ALLOWED IN INITIAL ON RETAIN 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.	
O/I and D	
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	
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.	Н
Authorized State Agent: Date: 714 77	
Construction Authorization Expiration Date: 113 39	
Lanctruction Authorization Evaluation Date: L/FILAN	

## Harnett County Department of Public Health Site Sketch

