HTE# 17-5-4	29	94
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## Harnett County Department of Public Health

29241

## Improvement Permit

A building permit cannot be issued wi	th only an Improvement Permit	Sazas,
PROPERTY LOCA	th only an Improvement Permit ATION: 45 Cottle Lake Dr.	(Brick Mill RL.)
ISSUED TO: White Jurney Homes SUBDIVISION		
	Site Improvements required prior to Construction Authoriz	zation Issuance:
Type of Structure: 3.B.R. 40'X.Sol SED		
Proposed Wastewater System Type: 35% reduction 575 .		
Projected Daily Flow: <u>3CO</u> GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement Yes I No	7	
Pump Required: 🗆 Yes 🛛 No 🔅 May be required based on final location and elev.	ations of facilities	
Type of Water Supply: 🗌 Community 📑 Public 🔲 Well Distance from well	feet Permit valid for:	Five years
Permit conditions:		$\Box$ No expiration
		Loose of the Loose state

Authorized State Agent:: <u>SEE ATTACHED SITE SKETCH</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: Wade Jurney 1-Lon	PROPERTY LOCATION: 45	Cottle Lake Dr. (Brick Milled.)
	SUBDIVISION Co++	LOT # 3
Facility Type: 3312 40'x 50' 51=5>	New 🔲 Expansion 🔲 Repair	
Basement? 🗌 Yes 🔄 No Basement Fixtu	ures? 🗌 Yes 🗌 No	
Type of Wastewater System**	Reduction System	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable □)		
25% red	ution 575- (Repair)	
Installation Requirements/Conditions	Number of trenches	6
Septic Tank Size <u>1 coccs</u> gallons	Exact length of each trench feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 🔢 🖉 inches
	Maximum Trench Depth of: <u>28</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)
	in all directions)	2
Pump Requirements:ft. TDH vs	GPM	$\underline{\sim} A$ inches below pipe
		Aggregate Depth:4 inches above pipe
Conditions:		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 spec	ifications 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 to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Date: Date: Date: Date: Date: Construction Authorization Expiration Date:	

