## HTE# 17-5-42707 Harnett County Department of Public Health

29761

## Improvement Permit

	mproveniene	1 crime		
A	building permit cannot be issued with	only an Improvement	Permit	
	PROPERTY LOCAT	ION: Tro	phy Ridge (	Rellins ad.)
ISSUED TO: EUMborland Home	SUBDIVISION	The I	my aidre (	LOT # _20
NEW C REPAIR EXPANSION		Site Improvements req	uired prior to Construction A	uthorization Issuance:
Type of Structure: 332 641×501	577	2010 - Contract - Cont		2
Proposed Wastewater System Type: 3590 red	oution Sys.			
Projected Daily Flow: <u>366</u> GPD				
Number of bedrooms: Number of Occupation	ants: <u> </u>			
Basement Yes No		S		
	red based on final location and elevat			and the second se
Type of Water Supply: 🗆 Community 🔄 Public		feet	Permit valid fo	
Permit conditions:				No expiration
	4			
	en and a second	111.110	a.1.	
Authorized State Agent:: Control of this permit by the Health Department in no way guarant	Contents Date:	1/15/0	<u>017</u> SE	E ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be at	fected by a change in owne	cking with appropriate governing bo rship of the site. This permit is sub	lect to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions				eet to comprance with the provisions of
	<b>Construction</b> Aut	horization		
	(Required for Buildin			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	54, 1955, 1956, 1957, 1958. and 1959 are	incorporated by references	into this permit and shall be met. S	ystems shall be installed in accordance
ISSUED TO: Combedand Hor	PROPERTY	LOCATION:	Truply Ridge	(nollins ad.)
	SUBDIVISIO	1 The re	ixrue	(nollins al.) LOT # 20
Facility Type: 332 64'XSO' SFD		on 🗆 Repair		
Basement? Ves No Basement Fixth	ures? 🗆 Yes 🗆 No			
Type of Wastewater System**	35% Reduction	UN SIS.	(Initial) Wastewater F	low: 360 GPD
(See note below, if applicable  )				
Pump to 3.	5% Reduction 35.	(Repair)		
Installation Requirements/Conditions	Number of trenches 3	-( -( -1 )		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 2		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con		Soil Cover: 16-210	
Suite Suite	Maximum Trench Depth of: $\underline{\partial e}$		(Maximum soil cover s	
	(Trench bottoms shall be level to			
		±/•1/4	36" above the trench	bottom)
Den Denimoto de TDU	in all directions)		x	A
Pump Requirements:ft. TDH vs	_ GPM			$\underline{-A}$ inches below pipe
<b>A</b> . 111			Aggregate Depth:	$\underline{\vee}$ $\underline{\wedge}$ inches above pipe
Conditions:				<u> </u>

## 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	ntion. 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 to the conditions of this permit.				
Authorized State Agent: Construction Authorization Expiration Date: 11/15/2017				

