## HTE# 17-5-47723 Harnett County Department of Public Health

Improvement Permit

Basement	A building permit cannot				
REPAIR	P P	ROPERTY LOCATION:_	72 Pom	p Station Md. Co	12 Sterre (1)
Type of State Regent:					LUI # _/
Projected Daily Flow:		Site	improvements req	uirea prior to construction Authoriza	tuon issuance.
Winther of Deteroons:   Number of Occupants:   Smax   Basement   Pes					
Number of Occupants: Seasonement   Permit wall for:   Provided   Permit valid for:   Provided   Permit conditions:   No expiration   No expiration   No expiration   No expiration   Public   Well Distance from well   feet   Permit valid for:   Provided   No expiration   No					
Basement   Yes   Mo   May be required based on final location and elevations of facilities  Syrpe of Water Supply:   Community   Public   Well   Distance from well   feet   Permit valid for:   I've years  Not expiration   No expiration    Supply:   See ATLACIED SITE SMETCH  The canance of this permit by the Neath Department in on way guarantees the sinuance of other permit. The permit balder is requestable for checking with appropriate governing bodies in meeting their requirements. This is subject to remplicate with the permit balder is requestable for checking with appropriate governing bodies in meeting their requirements. This is subject to compliance with the permit balder is requested by a change in ownership of the size. This permit is subject to compliance with the permit can dealed by a change in ownership of the size. This permit is subject to compliance with the permit can dealed by a change in ownership of the size. This permit is subject to compliance with the permit can dealed by a change in ownership of the size. This permit is subject to compliance with the permit can dealed by a change in ownership of the size. This permit is subject to compliance with the permit and shall be meet. Systems thall be installed in accordance with the standard system byout.    Construction Authorization   (Required for Building Permit)		ax			
Permit valid for:	Basement Yes Ao	-			
Permit conditions:    No expiration					
The issuance of this point by the Health Department in no way guarantee the issuance of other permits. The permits in the permit is subject to compliance with the pervisions of the Laws and Rules for Swage Treatment and Disposal and to conditions of this permit is subject to compliance with the pervisions of the Laws and Rules for Swage Treatment and Disposal and to conditions of this permit.    Construction Authorization   (Required for Building Permit)	Type of Water Supply:  Community Public Well Distance Permit conditions:	from well	feet	Permit valid for:	
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Required for Building Permit	The issuance of this permit by the Health Department in no way guarantees the issuance of other p	permits. The permit holder	is responsible for che	cking with appropriate governing bodies in m	neeting their requirements. This
Required for Building Permit	Constru	ction Autho	rization		
PROPERTY LOCATION: 43 Pump Startism and shall be met. Systems shall be installed in accordance with the attached system layout.    PROPERTY LOCATION: 43 Pump Startism value   LIOT # / SUBDIVISION   Vive Cast   LIOT # / Subdi					
PROPERTY LOCATION: 43 Pump Start: 10T # / SUBDIVISION	AND DE LOCATE DE LA SECUCIÓN DE MONTOS MONTOS CONTROL DE LOCATE DE LOCATE DE LA CONTROL DE LA CONTRO	Suchecial Of St. Printed and Printed St.	10000	into this permit and shall be met. Systems sl	hall be installed in accordance
SubDivision   Repair	with the attached system layout.		,		
SubDivision   Repair	ISSUED TO: Jason Price	PROPERTY LOCA	ATION: 4a	Pump Startian nd	(OH Styend)
Basement?   Yes   No   Basement Fixtures?   Yes   No   No   No   No   No   No   No   N				Crest	LOT #/
See note below, if applicable			☐ Repair		
See note below, if applicable					490
Septic Tank Size   1260 gallons   Exact length of each trenches   44   Septic Tank Size   1260 gallons   Exact length of each trenches   44   Soil Cover: 1260 inches   45   Septic Tank Size   1260 gallons   Exact length of each trench   90   feet   Trench Spacing: 9   Feet on Center   Soil Cover: 1260   inches   Soil Cover: 1260   inc	Type of Wastewater System**	Gion Syst	ion	(Initial) Wastewater Flow: _	GPD GPD
Number of trenches   4   5   5   5   5   5   5   5   5   5	(See note below, if applicable $\square$ )				
Septic Tank Size   1250   gallons   Exact length of each trench   90   feet   Trench Spacing: 9   Feet on Center   Pump Tank Size   1250   gallons   Trenches shall be installed on contour at a   Maximum Trench Depth of: 24-18   inches   (Maximum soil cover shall not exceed   (Trench bottoms shall be level to +/-1/4"   36" above the trench bottom)   in all directions   Aggregate Depth:	Pomp to 25% reduced	in 3/3 - (Rej	pair)		
Pump Tank Size	Installation Requirements/Conditions Number of trenche	25 4	-		
Pump Tank Size	Septic Tank Size 1250 gallons Exact length of ea	ich trench 90	feet		
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions)  Pump Requirements:	Pump Tank Size 1260 gallons Trenches shall be	installed on contou	r at a		
Pump Requirements:ft. TDH vsGPM	Maximum Trench I	Depth of: <u>24</u>	18 inches		
Pump Requirements:	(Trench bottoms si	hall be level to +/	′-1/4"	36" above the trench botto	m)
Aggregate Depth:	in all directions)				
Conditions: Observe React Overhead Rower Ecosoment. A inches total  OFF Content Deep (34 in) to Shallow (18 in)  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 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	Pump Requirements:ft. TDH vs GPM			MA	inches below pipe
NATER 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: / understand the system type specified is different from the type specified on the application. 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					
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APP ATTACHED CITY CUPTOU	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.	This Construction Authorization is subject to revocation if the site plan, plat, or the intended use ch	anges. The Construction A	uthorization shall not		
	Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	wage Treatment and Dispo	osal and to the condit	ions of this permit. SEE A	ATTACHED SITE SKETCH
Authorized State Agent: General Court, New Date: 11   21   2017	Authorized State Agent:	w, ne	Date:	11/21/201	1
The contract of the contract o			F 1 2 P	11-11-00	

## Harnett County Department of Public Health Site Sketch

