29866

## HTE# 17-5-42952 Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit   |   |
|--|---|
| 10.000 ()  | PROPERTY LOCATION: 30 Tray Ct. (Sacs 2) 52/16   |
|  | S LLC SUBDIVISION COLONICAL HILLS LOT # 45  |
| NEW REPAIR   EXPANSION   |   |
| Type of Structure: 332 GO'×41' SF<br>Proposed Wastewater System Type: 25% Red  |   |
| Projected Daily Flow: 366 GPD  | 352   |
| Number of bedrooms: 3 Number of Occupa   | nts: & max  |
| Basement Yes No  | iliillan  |
|  | d based on final location and elevations of facilities  |
| Type of Water Supply:   Community Public   |   |
| Permit conditions:   | □ No expiration   |
|  |   |
|  |   |
| Authorized State Agent::   |   |
|  | es 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 cha<br>the Laws and Rules for Sewage Treatment and Disposal and to conditions  | nges. 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 notes for sewage freatment and bisposal and to conditions   | or and perinte.   |
|  | Construction Authorization  |
|  | Construction Authorization  |
|  | (Required for Building Permit)  |
|  | 4, .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: Lamco custem Alds   | PROPERTY LOCATION: 56 Tray Ct. (Does rd. SR 1116  |
|  | SUBDIVISION Colonial Hills LOT # C5   |
| Facility Type: 382 CO'X 41' STD ANEW Expansion Repair  |   |
| Basement? Yes Ho Basement Fixtures? Yes No   |   |
|  | 35% reduction 5,5. (Initial) Wastewater Flow: 360 GPD   |
| (See note below, if applicable $\square$ )   | as 7 8 14 8 9 CS OF 35 (IIII IIII) Wasternated From 50 50   |
|  | 2540 red - 573, (Repair)  |
| Installation Requirements/Conditions   | Number of trenches  |
| and the state of t | Exact length of each trench Feet Trench Spacing: 7 Feet on Center   |
| Septic Tank Size gallons   | Trenches shall be installed on contour at a Soil Cover: inches  |
| Pump Tank Size 1000 gallons  |   |
|  | Maximum Trench Depth of: 30 inches (Maximum soil cover shall not exceed   |
|  | (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)  |
|  | in all directions)  |
| Pump Requirements:ft. TDH vs   | GPM inches below pipe   |
|  | Aggregate Depth: NA inches above pipe   |
| Conditions: D-Box Equal  | Distribution required NA inches total   |
|  |   |
| WATER LINES (INCLUDING IRRIGATION) MUST B  | E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI   |   |
|  |   |
| **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:  | at, 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  |   |
|  | 1/30/200  |
| Authorized State Agent:  |   |
| ^  | Construction Authorization Expiration Date: 91/36/3682  |

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 56 Tray Ct. (Docs Rd. 52 1116)

ISSUED TO: Lanco Coston Blds, LLC SUBDIVISION Colonial Hills LOT # 68

Authorized State Agent: Olivarian Curry Date: Olivarian Curry Colonial Hills Date: Olivarian Curry Cu

\* Pump to D-Box Equal Distribution Required

