HTE# 17-5- 43014

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit.
ISSUED TO: ROSTER POPE PROPERTY LOCATION SO 1561 Barley RD LOT # Z
Type of Structure: Proposed Wastewater System Type: Accepted 7530 Red
Projected Daily Flow: 360 GPD ———————————————————————————————————
Number of bedrooms: 3 Number of Occupants: 6 max
Basement Ves Vo
Pump Required: ☐Yes ☐ No ☑ 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
S Mal THE TOURS
Authorized State Agent:: Date: 2-1-18 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. This site is subject to revocation 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, .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: ROBBER POPE PROPERTY LOCATION: 32/56/ Bailey RD LOT # Z
300011131011
Facility Type: New _ Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 75% Red System Accepted (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable \square)
18 to 10d Systia (Repair)
Installation Requirements/Conditions Number of trenches
Septic Tank Size gallons
Maximum Trench Depth of: inches (Maximum soil cover shall not exceed
(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 pipe
Aggregate Depth: Z inches above pipe
Conditions: Lollow (msulfants (anout 12 inches total
1811 MAY 1/24
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
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
C 11 1 Cas Zins
Authorized State Agent: Date: 2-1-18
Construction Authorization Expiration Date:
VOIDE WEST OF THE STATE OF THE

HTE# 17-5-43014

Permit # 29637

Harnett County Department of Public Health Site Sketch

ISSUED TO: Robbia Authorized State Agent:	POPE SUBDIVISION LOT # _2 EMANDE Date: Z-1-18
* 15 off Por	
* Pumps	May Be Required. Flagged AneA for Septic INSTALL.
7 10002	
	Bru
	Acceptance
	To agree
	INITIAL SUSTINE
	1 100
5	3Por
	15 15 43' b
	45
	SN 1561 Bailey RD