HTE# 18-5-43101

# Harnett County Department of Public Health

29829

## Improvement Permit

A building permit cannot be issued wit	th only an Improvement Permit	0
PROPERTY LOCA	ATION: BAREECUE CHURCH	Ked
ISSUED TO: HOWARD, BOBBY DOE SUBDIVISION		lot # <b>1</b>
NEW X REPAIR Y SEXPANSION	Site Improvements required prior to Construction	Authorization Issuance:
Type of Structure: SFD (GO'×GO')		
Proposed Wastewater System Type: 25%, REDUCTION JYJEM		
Projected Daily Flow: 240 GPD		
Number of bedrooms: Number of Occupants: max		
Basement Ayes		
Number of bedrooms:	ations of facilities	
Type of Water Supply:  Community V Public  Well Distance from well		for: Five years
Permit conditions:		_ No expiration
		-
al a		
Authorized State Agent:: Date:	1/29/18	SEE ATTACHED SITE SKETCH

### 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: HOWARD, BOBET-	DOE PROPERTY	LOCATION: BRO	BECUE CHURCH	Re	
		DN N		LOT #	1
Facility Type: 550 (60' × 60')	🕅 New 🗆 Expans	sion 🗆 Repair			
Basement? 🖄 Yes 🗆 No Basement Fix	tures? 🔀 Yes 🗆 No				
Type of Wastewater System**	EDUCTION SYST	Em	(Initial) Wastewater Flow:	240	GPD
(See note below, if applicable 🗆)	~ ~ ~				1 1973
25%	RED. SYS.	_(Repair)			
Installation Requirements/Conditions	Number of trenches				
Septic Tank Size 1000 gallons	Exact length of each trench $\_$	80 feet	Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on co	ontour at a	Soil Cover: 6-18 i		
	Maximum Trench Depth of: 🕅	·30 inches	(Maximum soil cover shall r	ot exceed	
	(Trench bottoms shall be level t	o +/- /4"	36" above the trench bott	om)	
	in all directions)			,	
Pump Requirements:ft. TDH vs	GPM			inches bel	ow pipe
			Aggregate Depth:	inches ab	
Conditions: <u>SEE SIJE SKETCH</u>	FOR CONDITIONS	,			hes 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.

<u>**If applicable:</u> 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 previsions 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:	1/29/18 e: $1/29/23$

