## HTE# 185-43927 Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit		
01151151	PROPERTY LOCATION: 468 CEDAR ROCK Tol (	covesbug 2d SIL	
ISSUED TO: Robb Schies!	SUBDIVISION Cedar Rock	to # 07	
NEW REPAIR EXPANSIO	N   Site Improvements required prior to Construction Author	orization Issuance:	
Type of Structure: $4872 + 36 \times 40^{\circ}$			
Proposed Wastewater System Type: 25% Red	xtion sps.		
Projected Daily Flow: 480 GPD			
Number of bedrooms: Number of Occup	ants:max		
Basement Pres No			
	red based on final location and elevations of facilities		
Type of Water Supply:  Community Public Permit conditions:	☐ Well Distance from well feet Permit valid for:	☐ Five years ☐ No expiration	
	08/19/209		
Authorized State Agent::	, , ,	TACHED CITE CHETCH	
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies nanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to	TACHED SITE SKETCH in meeting their requirements. This o compliance with the provisions of	
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. System	ns shall be installed in accordance	
with the attached system layout.		5/21403	
ISSUED TO: Robb Schies	DECEMBER 100 11/6 COLOT DOLL TO	Sicique	
1330ED 10. 10000 300000		COVERDLY (Ca)	
Facility Type: 483 75'x40' SFS	SUBDIVISION <u>Cedar Rack</u>	LOT # 07	
1 11 -	New 🗆 Expansion 🗆 Repair		
Basement?			
Type of Wastewater System**	reduction Sys. (Pump) (Initial) Wastewater Flow:	480 GPD	
(See note below, if applicable □)	10-7		
Installation Requirements/Conditions	Hocizontal PPBCS (Repair)  Number of trenches	LOWER END	
Septic Tank Size 1250 gallons	Exact length of each trench 350 feet Trench Spacing:	Feet on Center	
Pump Tank Size 1250 gallons	Trenches shall be installed on contour at a Soil Cover:	inches	
famp fank size ganons			
	Maximum Trench Depth of: 18 inches (Maximum soil cover shall		
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottoms	ttom)	
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe	
	Aggregate Depth: N	inches above pipe	
Conditions: Right Property Line:	Shall be clearly identified at install	NA inches total	
WATER LINES (INCLUDING IRRIGATION) MILST R	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			
** If applicable: / understand the system type specified	is different from the type specified on the application I accept the specifications of	this normit	
**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.	ATTACHED SITE SKETCH	
Authorized State Agent: Date: A 12-18 08 19 20 9			
ANDREW CORRUCTION Authorization Expiration Date: Alborit 23 CE/9/2024			

HTE# 18-5-439272

Permit # 30072

## Harnett County Department of Public Health Site Sketch

ISSUED TO: 12066 Schies/	PROPERTY LOCATON: 488 Codes Rock Tr/ (coresbuy rd.)  SUBDIVISION Codes rock LOT # 7
Authorized State Agent:	
ANDRE	Date: 68/19/2019
	200' EGUESTRIAN ESMT
(THIS DRAWING IS FOR	
1 LLUSTRATUE PURPOSE	\
ONLY. SISTEM INSTACLATION	
MUST MEET ALL GERTINENT	
LAWS, AND REGULATIONS	11-19
	PROPOSED
	(65'×5-5')
2/130	482550
i Li	DAIVE
XPUMP TO LARGE D-BOX	52106
ON PRESSURE MANIFOLD	
* EQUAL DISTRIBUTION	PROTIZOINTAL /
(FOUR(4) 90FT LINES OR	PPBPS
	a la
	PROPERTY LINE SHALL BE MARKED
PRESSURE MANIFOLD	E AT ENTALL
MY UNEQUAL LINES	W Du
* 350FT 25% NEDUCTION	A XMAY RECOVER
MINIMUM REQUIRED	* MAY REQUIRE TO MEET
	24. ASTACL
	1 N 1 /