30072

HTE# 18-5-43927

## Harnett County Department of Public Health

Improvement Permit

A	PROPERTY LOCATION: 468 Cedar Rock Tol (	okashie ad Sa
ISSUED TO: Robb Schies!	SUBDIVISION Cedas Rack	MI # 0 F
NEW REPAIR FXPANSIO	Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure: $4872 + 31 \times 401$	SFD	the annual color instance when the second color and
Proposed Wastewater System Type: _25% Ced	xtion Sps.	
Projected Daily Flow: 480 GPD		TO A STATE OF THE
Number of Occup	ants:max	
Basement ☐Yes ☐ No ☐ May be requi	and based on final location and elevations of facilities	
Type of Water Supply:   Community  Public	red based on final location and elevations of facilities    Well Distance from well A feet Permit valid for:	Five years
Permit conditions:	Territe value for.	☐ No expiration
	Date: 6-/2-/9 SEE ATI	TACHED 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 if 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, .1952, .19 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems	s shall be installed in accordance
ISSUED TO: Robb Schies	PROPERTY LOCATION: 468 CEDAS ROCK TAL	(Okaby Rd)
Facility Type: 489 75 × 40 SFS New Expansion Repair		
Basement?	`	100
	Mediction Sys. (Pump) (Initial) Wastewater Flow:	_480_ GPD
(See note below, if applicable □)  50% Ned	11 11 11 00000 0 11	LOWER END
Installation Requirements/Conditions	Mulliper of frelicites	0% SLOPE
Septic Tank Size <u>1250</u> gallons	Exact length of each trench 350 feet Trench Spacing:	Feet on Center
Pump Tank Size <u>1250</u> gallons		inches
	Maximum Trench Depth of:18 inches (Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottoms	tom)
	in all directions)	
Pump Requirements:ft. TDH vs		inches below pipe
01110	Aggregate Depth:	inches above pipe
Conditions: Right Property Line	Shall be clearly identified at install	NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST R	F TOTAL FROM ANN DARK OF CERTIC CYCTEM OR REPAIR AREA	
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.		
wner/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 Green Association (Control of Control of Con		
Authorized State Agent:		
ANDREW CURR	Construction Authorization Expiration Date: 6-12-23	\$

## Harnett County Department of Public Health Site Sketch

