## 30067

## HTE# 18-5-43959 W Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be issued with only an Improvement Permit		
1 11 21	PROPERTY LOCATION: GIVER BIVEF D. N. Chicora Pa		
ISSUED TO: Lammoch OIN	eal subdivision rever Bluff or No. LOT # 24		
NEW □ REPAIR □ EXPANSI			
Type of Structure: 5BC 60'x60	SES		
Proposed Wastewater System Type: 25% 04	dylien s. + (0. a)		
Projected Daily Flow: (o CO GPD	Irons & Property Lines Murther		
	Inantr: \ / / may		
Basement Yes No	pants: 10 max & clearly I destified		
	uired 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: 5 Bedition 5011 Scientist Report Required.   No expiration			
	septic area rejuired. Kayout and pump		
System specifical	sions required. OFJaplacie		
Authorized State Agent::	Date: 06/04/2018 SEE ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guar-	antees 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 condition	ons of this permit.		
	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.	Calmar		
ISSUED TO: Lammoth O'N	SOLITAS		
1330ED 10			
	SUBDIVISION Niver BINF Dr. N. LOT # 243		
Facility Type: 532 60'x60' ST	New Expansion Repair		
Basement?  Yes No Basement Fixtures? Yes No			
Type of Wastewater System** Pomp +c			
	(Illitial) Wastewater Flow. OFD		
(See note below, if applicable $\square$ )	20		
Pump to	25% red 5/5 (Repair)		
Installation Requirements/Conditions	Number of trenches 4		
Septic Tank Size 1250 gallons	Exact length of each trench 125 feet Trench Spacing: Feet on Center		
Pump Tank Size 1250 gallons			
Samuel Toronto			
	Maximum Trench Depth of: 14 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: (T) TARRATED	SOIL FOR COVER REGIDIZES NA inches total		
conditions. 6 120 Indoor	SOIL FOR COVER REGIDIZES NA inches total		
VATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR I			
	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
**If applicable: I understand the system type specified	d is different from the type specified on the application. I accept the specifications of this permit.		
	// /		
Dunar/Lagal Paperantativa Cignatura	D. (		
Owner/Legal Representative Signature:	Date:		
	plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This		
onstruction 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		
Authorized State Agent: OF 20/30/8			
ANDREW CURRI	Construction Authorization Expiration Date: 67/20/2023		

## Harnett County Department of Public Health Site Sketch

	ISSUED TO: Lammoth O'Neal SUBDIVISION RIVER BILLE Dr. N.	
	Authorized State Agent:	
	* Meet onsite may be regained prior to install  * 6In import top soil required  * Initial septic is a crest of hill between 2 ravines (Flagged onsi	4
	* Layout and soil consistent with report by Southeastern soil & Environmental Assect, Fre.  EXISTING ROADS	
D)	PUMP TO 25% NED  REPAIR  1.  1.  1.  1.  1.  1.  1.  1.  1.  1	WELL   AREA