HTE# 18-543969

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Harnett County Department of Public Health

30103

Improvement Permit

| A building permit cannot be issued with | | | |
|---|---------------------------|--------------------------------|-------------------------|
| PROPERTY LOCAT | TION: JUNO S |) a. | |
| ISSUED TO: LAMCO CUSTOM BUILDERS SUBDIVISION | TINGEN PO | INTE | LOT #155 A |
| NEW KEPAIR EXPANSION | Site Improvements require | d prior to Construction Author | ization Issuance |
| NEW K REPAIR □ EXRANSION □ Type of Structure: _ S < C (G × 3 G) | | - p | ización issuance. |
| Proposed Wastewater System Jype: Pume To 25% REDUCT 20 ~ System Frojected Daily Flow: GPD | 2 | | |
| Projected Daily Flow: GPD | | | |
| Number of bedrooms: 3 Number of Occupants: 6 max | | | |
| Basement 🗆 Yes 🔀 No | | | |
| Pump Required: Kes 🛛 No 🖓 May be required based on final location and eleval | tions of facilities | | |
| Type of Water Supply: Community Public Well Distance from well | feet | Permit valid for: | Five years |
| Permit conditions: | | i chine fund for. | \square No expiration |
| | | | |
| | | | |
| Authorized State Agent. QCASS Data | 5 20/14 | SEE 12 | |

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: LAMCO CVS- | SOM BUILDERS | PROPERTY LOCATION: | INO Da | |
|--------------------------------------|------------------------|----------------------------|----------------------------|-------------------|
| 1 | | SUBDIVISION IIN CEN | | LOT # ISSP |
| Facility Type: SED (63-36 | | 🗀 Expansion 🗆 Repair | | |
| Basement? 🗆 Yes 🛛 No 🛛 Base | ment Fixtures? 🗌 Yes 🗌 | No | | |
| Type of Wastewater System** Pum | eTo 25% RG | DUCTION SYSTEM | (Initial) Wastewater Flow: | 360 GPD |
| (See note below, if applicable) | | | | |
| (See note below, if applicable) | ne lods to he | D. Sys. (Repair) | | |
| Installation Requirements/Conditions | Number of trenches | | | |
| Septic Tank Size 1000 gallons | Exact length of each | trench 225 feet | Trench Spacing: | Feet on Center |
| Pump Tank Size 1000 gallons | Trenches shall be in: | stalled on contour at a | Soil Cover: 5-8 | |
| | Maximum Trench De | pth of: <u>N-20</u> inches | (Maximum soil cover shall | not exceed |
| | (Trench bottoms sha | I be level to $+/-1/4$ " | 36" above the trench bot | tom) |
| | in all directions) | | | |
| Pump Requirements:ft. TDH vs | 5 GPM | | | inches below pipe |
| | | | Aggregate Depth: | inches above pipe |
| Conditions: | | | | inches 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.

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| **If applicable: I understand the system type specified is different from the type specified on the application | n. 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 | t 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 condi- | itions of this permit. SEE ATTACHED SITE SKETCH |
| Authorized State Agent: Date: | |

