Harnett County Department of Public Health

25516

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
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	SUBDIVISION The Summ.	<i>†</i>	LOT # <u>/00</u>
NEW ☐ REPAIR ☐ EXPANSION Ø	Site Improvements requ	iired prior to Construction Author	orization Issuance:
Type of Structure: Existing SFD	s		
Proposed Wastewater System Type: 25% Pedation System	22. 1	601	
Projected Daily Flow: GPD GPD	MAINTAIN	All set BACK	/
Number of bedrooms: Number of Occupants:	nax		
Basement □Yes No	-		
Pump Required: ☐Yes ☐ No 🥦 May be required based on final lo	cation and elevations of facilities		
	e from well 100 feet	Permit valid for:	Five years
Permit conditions: Meet Onsite for Final Logist - maintain all set Backs \(\sigma \text{No expiration}			
Dig up existing Lines that would Less than 15 from proposed pool - Install			
enough New Line That The System Mrs 245 of 25% Reduction And is 15 for Post			
Authorized State Agent:: Date: SEE ATTACHED 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.			
the cars and rules for sewage treatment and disposal and to conditions of this perint			
<u> </u>	at A at the at		
Constru	<u>iction Authorization</u>		
(Req.	uired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	1958. and .1959 are incorporated by references in	nto this permit and shall be met. Syste	ms shall be installed in accordance
with the attached system layout.			
ISSUED TO: Chapman Wilson Pools	PROPERTY LOCATION: 14 5	20 Ide Dave	
C=0	7	m.	LOT # <u>/</u> 22
Facility Type: CXUTION SFP New	Expansion Repair		
Basement? Yes No Basement Fixtures? Yes	□ No		
Type of Wastewater System** 25% Reduction	System	(Initial) Wastewater Flow	: 483 GPD
(See note below, if applicable)			
(See note below, if applicable 2500 Sacretion 12	Sgotto (Repair) Panel	Block	
Installation Requirements/Conditions Number of trench	es - Tal		
	ach trench 245 feet	Trench Spacing: 9	Feet on Center
	installed on contour at a	Soil Cover:	inches
	Depth of: 18-a4 inches	(Maximum soil cover shall	-
	•	The second secon	
	shall be level to +/-1/4"	36" above the trench be	ottom)
in all directions)			
Pump Requirements:ft. TDH vs GPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
**If applicable: I understand the system type specified is different from t	he type specified on the application.	I accept the specifications o	f this permit.
	,, ,		,
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	hanges. The Construction Authorization shall not be		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. SEE ATTACHED SITE SKETCH			
Authorized State Assess 1 1. A D CHI	D 1	0:27-29	
Authorized State Agent: Date: Diate: Diate: 10-27-39 Construction Authorization Expiration Date: 10-27-39			
Construction Authorization Expiration Date: 10 21 3			

Harnett County Department of Public Health Site Sketch