30453

HTE# EHV808-0008 Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit	
Maliak Talans	PROPERTY LOCATION: 27 Duness C	
NEW REPAIR D EXPANSION	S SUBDIVISION Stockton	LOT # _3<
Type of Structure: 301 52 × 34		Construction Authorization issuance:
Proposed Wastewater System Type: Pomp to 2:		
Projected Daily Flow: 366 GPD		
	ants: max	
Basement Yes No		
	ed based on final location and elevations of facilities	
Type of Water Supply: Community Public Permit conditions:	□ Well Distance from well <u> </u>	Permit valid for:
	9	
The issuance of this permit by the Health Department in no way guarant	ees the issuance of other permits. The permit holder is responsible for checking with approprianges. The Improvement Permit shall not be affected by a change in ownership of the site. To this permit.	riate governing bodies in meeting their requirements. This
	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 an	nd shall be met. Systems shall be installed in accordance
ISSUED TO: Kadiak Indust	PROPERTY LOCATION: 27 Duchass SUBDIVISION _ 5 techton	ct. (NX 21UN)
Facility Type: 3BR 52 7 34' SF5>		LOI #
Basement? Yes Basement Fixtu	- I to the formation thereto the particular and the	
	- 25% reduction (Initial) V	Wastewater Flow: 3 GC GPD
(See note below, if applicable	()	
50% 888	es nepair (Repair)	
Installation Requirements/Conditions	Number of trenches (Repair)	
Septic Tank Size 1000 gallons	Exact length of each trench feet	ing: Feet on Center
Pump Tank Size \ \ \ \ gallons	Trenches shall be installed on contour at a Soil Cover:	8 inches
	Maximum Trench Depth of: 20 inches (Maximum	soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4" 36" above	ve the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe
	Aggregate D	
Conditions: SYS SHALL BE I	DETALLED AS TIGHT TO SEE	inches total
AS CONTOUR WI	LL ALLOW [MAXIMIZE REPAI	1
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA RAIN FIELD AREA.	
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept the	specifications of this permit
	a constant non-sine type specimes on the approximent, accept the	specifications of this permit.
Owner/Legal Representative Signature:	at, or the intended use changes. The Construction Authorization shall not be transferred when	Date:
	at, or the intended use changes. The Construction Authorization shall not be transferred when the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	
Source of the provision of subject to compliance with the provisions of	The came and notes for senage frequent and obsposal and to the conditions of this permit.	SEE MINCHED SHE SKEICH
Authorized State Agents A State Agen		
Authorized State Agent:	Construction Authorization Expiration Date:	
Construction Authorization Expiration Date: <u>01/30/2024</u>		

Harnett County Department of Public Health Site Sketch

