30401

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Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SR 1552 Abottota ZD SUBDIVISION ___ NEW Site Improvements required prior to Construction Authorization Issuance: EXSFD Type of Structure: Proposed Wastewater System Type: 25% REDUCTOR Projected Daily Flow: 480 GPD Number of Occupants: 8 Number of bedrooms: May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community Public Well Distance from well

Feet Five years Permit conditions: ☐ No expiration Authorized State Agent::

Date: 1-15-15

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.. **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 ISSUED TO: Allen Faincloth PROPERTY LOCATION: 5/1552 Abothvined

SUBDIVISION ______ LOT # _____ Facility Type: SUBDIVISION Repair
Basement? Yes No Basement Fixtures? Yes No

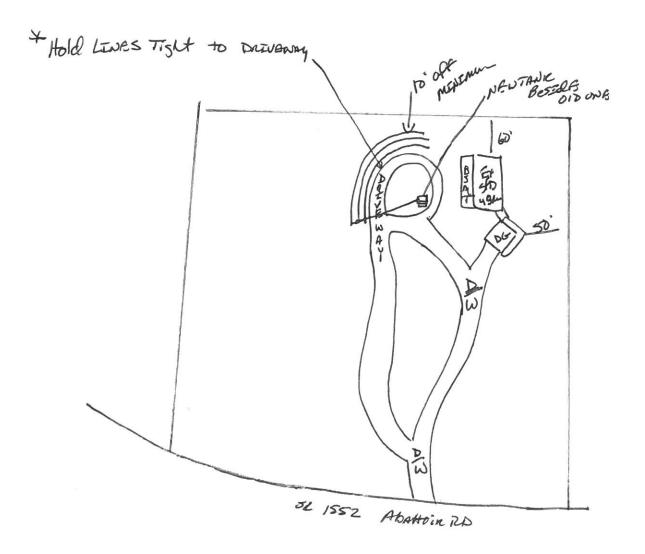
Type of Wastawatar Survey to Type of Wastewater System** _____(Initial) Wastewater Flow: 480 GPD (See note below, if applicable Installation Requirements/Conditions Septic Tank Size 1200 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 25300 in thes (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. GPM Conditions: 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. Owner/Legal Representative Signature: 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. Authorized State Agent: Construction Authorization Expiration Date: 1-15-24

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Permit # 30401

Harnett County Department of Public Health Site Sketch

4	PROPERTY LOCATON: SUISSZ ABAHOZA RIS		
ISSUED TO: Allen Faircloth	SUBDIVISION	LOT #	
Authorized State Agent:	ANNA Date:	1-15-19	



1,2,3 6-5-10% 0-2456 GEORDSON 24-48506 FR-18965P. 383-400 7.54231. Ultra

