30440

HTE# EH 1904-0005

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit FROMETER SUBDIVISION Complet Site Improvements required prior to Construction Authorization Issuance: EXSED Type of Structure: Proposed Wastewater System Type: 25% Red Projected Daily Flow: 480 GPD Number of bedrooms: _ Number of Occupants: 8 Basement Yes / Permit conditions: ☐ No expiration Authorized State Agent:

Date: 5-9-19

SEE ATTACHED SITE SKETCH

The issuance of this permit to 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 Facility Type: | Fy SFD | New | Expansion | Repair | Repa (Initial) Wastewater Flow: <u>480</u> GPD Type of Wastewater System** (See note below, if applicable

) Number of trenches 3

Exact length of each trench 100 feet Trench Spacing: Feet on Center Soil Cover: inches inches Installation Requirements/Conditions Septic Tank Size 1200 gallons Pump Tank Size 1200 gallons Maximum Trench Depth of: ____/8 ___ 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Jane 5 Manh Date: 5-89-19 Construction Authorization Expiration Date: 5-9-24

HTE#	EH	1904-	0005

Permit # 30 440

Harnett County Department of Public Health Site Sketch

MI	PROPERTY LOCATON	9010	STAGE 1	20
ISSUED TO: MANKONA ENAMETER	SUBDIVISION			LOT #
Authorized State Agent: EMANN			5-9-19	

